A Study of the Need for Developing the Traditional Systems of Medicine in India and Building up Inter-System Relationship, Co-operation and Support Between these and Allopathic System

SUBMITTED IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR
POST-GRADUATE DIPLOMA IN
HEALTH CARE ADMINISTRATION

BY

SR. JOAN THAZHATHEL

HEALTH CARE ADMINISTRATION
ST. JOHN'S MEDICAL COLLEGE & HOSPITAL
BANGALORE
AUGUST 1990

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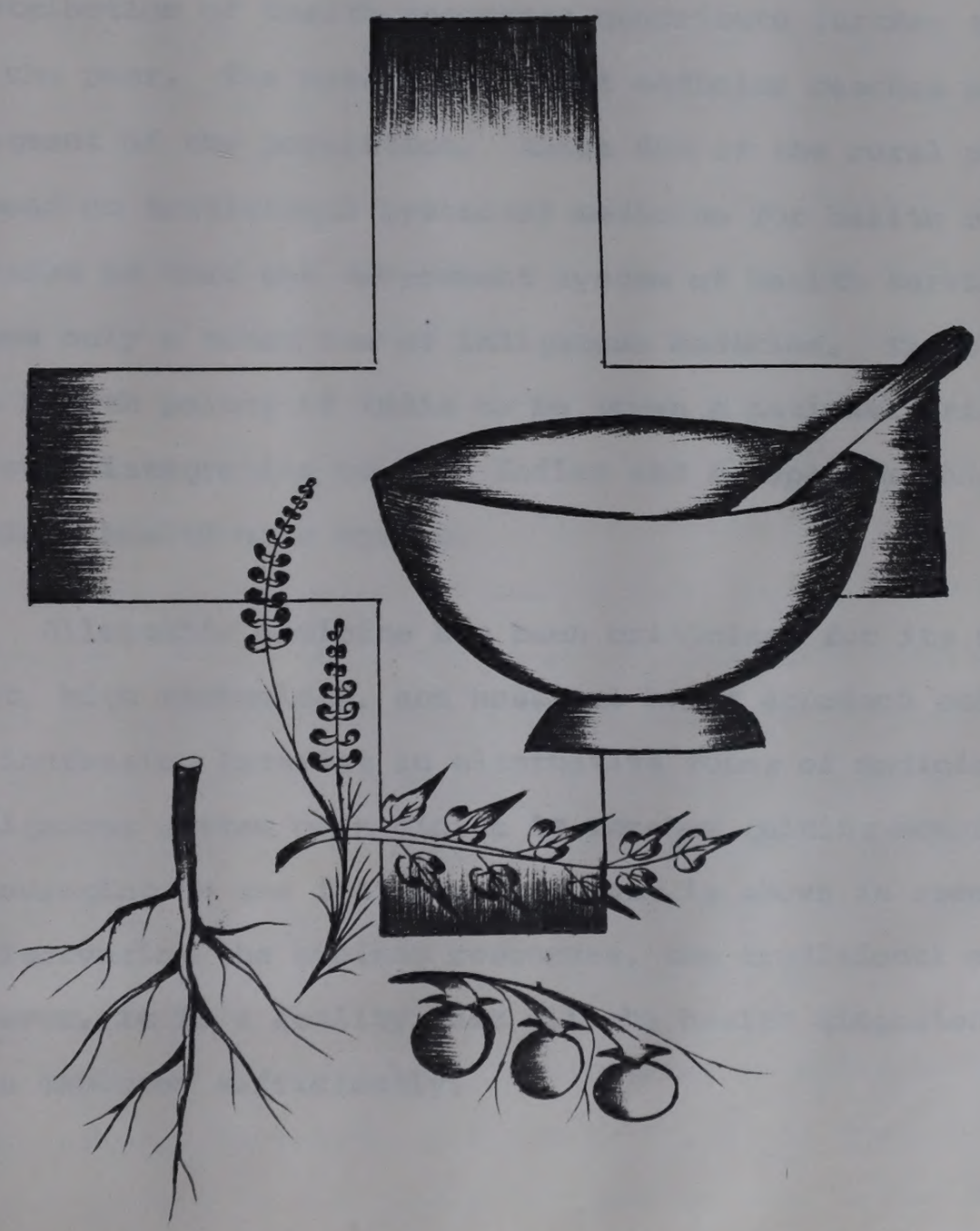
VARIOUS SYSTEMS OF MEDICINE:

INDIA'S RICHEST MEDICAL HERITAGE



PREFACE

Even today 43 years after Independence, India is facing tremendous health problems. Provision of health service to the people of rural areas has been one of the major problems. Eighty percent of the people live in the villages while only 20% of the medical and health care are available to them. On the otherhand 20% of the people who live in towns and cities enjoy 80% of the health resources and facilities of the country. Thus the magnitude of the health problem and the inadequate and inequitable distribution of health resources contribute further to the misery of the poor. The modern system of medicine reaches only a tiny fragment of the population. About 80% of the rural population depend on traditional systems of medicine for health care. The paradox is that the Government system of health service in India makes only a token use of indigenous medicine. There is need for the health policy of India to be given a national orientation through integration of both Indian and Allopathic medicine into India's health care system.

Allopathic medicine has been criticized for its excessive cost, high technology, and hospital based approach and there is an increasing interest in alternative forms of medicine. So the indigenous system of medicine is somehow gaining momentum. It is encouraging to see that some interest is shown in recent years in rediscovering the ancient resources, the traditional medicines. However, it is a reality that all the health dimensions have not been explored sufficiently.

Inspiration for the selection of this topic comes from the philosophy and mission of Medical Mission Society. I am grateful to the Society for all the opportunities provided through inputs, sociopolitical analysis, discussions and deliberations which gave me a greater awareness of the injustice, exploitation, and inequality in our health care system. A wholistic approach is on focus now. Medical Mission Sister's health institutions are in the process of discovering the treasures in the traditional system of medicine and trying to incorporate other systems of medicine into the existing health institutions and community health services. This has further prompted me in the selection of this topic.

This paper is designed to explore the practice of various systems of medicine in India and look into the practical aspect of how these various systems can co-exist and how all this health knowledge could be made available for the benefit of the people. Emphasis is given on the need for healthy interaction between the various systems of medicine supplementing each other and thus to developing a comprehensive health care system and total health coverage. It is important to put a scientific foundation to the indigenous systems of medicine and convince the public of the success or failure, rightness or wrongness of those drugs. The traditional system of healing which is simple and suitable for the climate of the country and customs of the people, only can meet the health needs of India's vast population.

Many people have been instrumental in bringing this work into completion. My thanks go first to Sr. Carol Huss who has contributed greatly to the pioneering work of alternative health strategy

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in India and has helped in promoting the use of low cost medical care. She has been an invaluable help in completing this paper and I would like to express my profound gratitude for her expert guidance suggestions, encouragement and help. I express my gratitude to Fr. Percival Fernandez, Director of St. John's Medical College & Hospital and all faculty members for theknowledge imparted, through lectures, discussions and seminars. I am grateful to Mr. A.K. Roy our course co-ordinator for allowing me to select this topic and for the inspiration through his lectures stressing the importance of re-viving India's traditional health care system.

Gratitude is also due to Dr. Dara Amar, Professor and head of community health medicine for his interest in the topic and for directing me to "Community Cell" where a host of materials were available on the topic. I am extremely grateful to the staff of "Community Cell" for extending their invitation to use their library. I am specially grateful to Dr. Sherdi Prasad Tekur for his enthusiasm and for sharing his collection of materials on alternative approaches to health care. His interest in the other systems of medicine was encouraging. I have great pleasure in acknowledging the valuable help and co-operation I have experienced during the course of my stay at hospitals and for data collection and I greatly appreciate their wonderful hospitality. I also am indebted to those who have responded to my questionnaire.

My special thanks to Medical Mission Sisters, Poona for their great hospitality, help and encouragement and also for allowing me

to use their library. The timely help of Fr. Paul Parathazham in organizing the paper and in initiating me into the analysis part of the paper is very much appreciated. I owe thanks to the typists who made it possible to make this book in its present form. Last but not least, my thanks goes to all my colleagues.

Sr. Joan

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INTRODUCTION

Medicine has been practiced and taught in India from time immemorial. The systems of medicine which are indigenous to the soil of India are Ayurvedic and Siddha. They have also made important contributions to the Medical Science in other countries. Subsequently when the Mohammedans came, the Unani or Greco Arabian system was introduced. These three systems were taught and practiced in India while it came in contact with the Western nations especially the British who introduced the allopathic system of medicine in India.

In discussing the various systems of medicine, reference is made mainly to two prominant systems based on the popular distinction made in the literature. Fabrega and Manning (1979) suggested that:

> Essentially two polar medical care systems can be identified across the world, "folk" and "Western Biomedical". Folk systems can be thought of as local, indigenous or consisting of traditional care practices that have evolved within a particular setting and which until recently, provided the sole source of health care for most of the world's population. Western biomedical practices are held to be based upon the principles of modern science.[1]

However in this paper I prefer to distinguish these systems as allopathic and traditional systems. Traditional system would mean here all non-allopathic systems.

The allopathic medical system which is dominant in India today is very much Western and urban oriented. Newer techniques, diagnostic and therapeutic innovations have considerably increased the cost of hospital services so much so that even the Western so

called developed countries are looking for cost effectiveness. In a country like ours where 40% of the people live below the poverty line, such a system is no answer to the health problems. There is an urgent necessity for an alternative system of medicine which not only cures diseases but also preserves and promotes health. As far as India is concerned, the alternative system is not something new. So it should essentially be a means of rectifying the distortions which have been brought about by various forces and reviving the old systems of medicine.

Any system of medicine that has held its own for generations usually has something to contribute, no matter how little it appears to be supported by modern medicine. So preservation and strengthening of the valuable elements in traditional medicine and its incorporation into the national health care system is vital to India's health needs.

"Under the existing economic and social setting, the health needs can be best met to the satisfaction of the people if all systems of medicine co-operate and supplement each other. Traditional medicine will provide locally accessible alternatives to imported drugs that will be accepted by the population both because of their low cost and because they have been used for centuries."[2] Allopathic system of medicine has its place. For example an Allopathic specialist may be better equipped in the treatment of acute heart disease and serious accidents. Similarly where diagnosis is crucial and can best be provided by the equipment and treatment regimes of the Allopathic system. Looking at the economic condition of India, full utilisation of all available resources,

both human and material is fundamental. Apart from the economic considerations this is more suited to the habit, culture, and customs of the people. "Health services to be meaningful to the people, it is necessary to start from the people themselves, understand their felt needs for health services and find out how these needs can be best met under existing economic and socio cultural setting."[3] Although Allopathic medicine has been popularized to a great extent and many villagers use Allopathic treatment, they still have great faith in a variety of traditional medicines.

"It has been estimated that the organized health sector in India provides 10% of medical care, that another 10% is provided by qualified physicians in towns and cities and that the balance is taken care of by home medical care and indigenous practitioners".[4] Numerous instances are cited where Ayurveda has provided effective remedies for conditions pronounced incurable by Allopathy.[5] In recent years there has been a lot of talk about alternative systems of medicine, medical pluralism, indigenous medicine, traditional medicine etc. However, except for a few scattered attempts by individuals and groups, no organized efforts have been made to promote dialogue, understanding, and co-operation between the various systems of medicine. On the contrary attempt of allopathic medicine to repress what was part of the science and culture of the people are still today being continued by overemphasis on allopathic medicine. There are very few allopathic practitioners, if hardly any, who believe in the efficacy of traditional medicine and most of them look with suspicion. This is mainly because, the

indigenous systems of medicine have long been neglected and little efforts were made to revive and develop them. The two distinct, essentially independent systems allopathic and traditional exist side by side and remain functionally unrelated. The task for us today is to recognize both systems as important, make use of the good elements in both and integrate the old learning with new sciences. We need to rejuvenate the life of Indian systems of medicine. D.N. Kakar in his book "Primary Health Care and traditional Medical Practitioners" rightly states that we have to appreciate the fact that there would be little hope of attaining the target "Health for all by the year 2000" if we continue to rely merely on the health care system provided by government. The battle against disease and inequality in medical care has to be fought at all levels and by both traditional and modern system of medicine."[6]

This study on "The Need for developing various systems of medicine in India and for building up a better inter-system relationship co-operation and support" is presented in several chapters. It is intended to research the present status of various systems of medicine practiced in India, with particular reference to traditional medicine and their role in India's health care services. Attempt is made to see how these various systems can co-exist, co-operate and contribute to the total health coverage of the country. Emphasis is given to India's rich tradition of medical and health services which have been neglected with the introduction of western medicine.

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As the topic is quite broad and it is impossible to make a comprehensive study of all aspects that are related to practice of various systems of medicine, within the limited time, I have not gone into all the various traditional therapeutic measures that are prevalent in our country. This paper mainly deals with:

1. Historical background of the two distinct systems of medicine.
2. Current situation with regard to its practice.
3. Various aspects supporting the need for a revival of traditional medical systems.
4. Basic principle of some of the commonly used systems of medicine: Ayurveda, Siddha, Unani and Homeopathy.
5. Chinese experience of interaction between Western System of medicine and Chinese System of medicine: Looking at it as a model.
6. Multi system and interactive medicine as a possible model.
7. Study of three hospitals and how these systems function.

In the pages that follow the practice of these systems and their relation to India's health care system will be covered. In the opening chapter the study begins with a brief historical review of both systems of medicine. The first chapter then give an account of the current situation in India as regards to the practice of various systems of medicine.

The review of literature highlights the present day thinking on various systems of medicine. This chapter also contains Hypotheses which present the main concepts to be studied. The methodology, scope and limitations of the study are explained in the same chapter.

Chapter II consists of six parts. The first part explains, the general principles of some of the traditional systems of medicine popular in India. Part two and three deal with different features of traditional systems of medicine and the socio, cultural and economic relationships. The next two parts speaks of WHO's proposal to all nations, regarding the use of traditional medicine and India's growing interest in rehabilitation and development of traditional medicine. The last part proposes a multi-system health care service for India.

Chapter III describes the existing realities of health care and its exploitative nature. It brings out the problems of interaction, collaboration and the lack of co-ordination and co-operation.

Chapter IV depicts a model health care system where the various systems of medicine would work in co-operation and understanding. A portrait of Chinese folk medicine interacting with allopathic medicine is given as a model.

Chapter V presents the studies done in three different hospitals regarding the inter-system relationship and interaction of two systems. This chapter also covers the analysis, findings and conclusions. Finaly Chapter VI ends with the conclusions and areas for further study.

CHAPTER I

A BRIEF HISTORY OF HEALTH CARE IN INDIA

- A short history of traditional medicine in India
- A brief outline of the growth of modern medicine in India

SOME ASPECTS OF THE PRACTICE OF VARIOUS SYSTEMS OF MEDICINE IN INDIA AND CURRENT SITUATION.

REVIEW OF LITERATURE

HYPOTHESIS

METHODOLOGY

PURPOSE, SCOPE AND LIMITATIONS OF THE STUDY

CHAPTER I

A BRIEF HISTORY OF HEALTH CARE IN INDIA

Before we can dwell on the topic proper it is necessary to go into a brief account of the history of both systems of medicine in India which forms the background against which the concept of co-ordination, co-operation, collaboration of various systems are to be understood. A proper understanding of the health system can never be achieved without a meaningful appreciation of the background of its development from the beginning. India has a splendid heritage and we should be aware of our heritage. The science of medicine was carried to a very high degree of perfection by ancient Hindus. It has grown and flowered during the process of history, until the coming of the British.

History of Indian Medicine

The history of medicine in India can be traced to the remote past. The earliest mention of the medical use of plants is to be found in the Rigveda. In this work mention has been made of the soma plant and its effects on man (Ayurveda, in fact, is the very foundation stone of the ancient medical science of India). It has eight divisions which deal with different aspects of the science of life and the art of healing. The eight divisions of the Ayurveda were followed by two works written later ie., Susruta and Charaka. Charaka deals with medicine and Susruta deals with surgery in detail and there is a comprehensive chapter on therapeutics. From Susruta and Charaka various systems dealing with different branches of medicine sprang up. From these we can gather the strength and dimensions of the scientific knowledge of

ancient India regarding therapeutic agents. Even anesthetics in some form or other were known to them. From 980 AD down to the Mohammedan invasion of India, Hindu medicine flourished, and Ayurveda attained its highest development. Towards the close of this period Ayurvedic medicine made its way far beyond the limits of India. The nations of the civilized world of that time eagerly sought to obtain information regarding the healing art from India and the Hindu Medicine permeated far and wide into Egypt, Greece and Rome. The Hindu Physicians made an intensive study of the properties of the soil and systematically devoted their attention to the study of disease and its treatment with drugs.

During the invasion of India by Greeks and Mohammedans a good deal of Ayurvedic literature was mutilated or lost. Various branches of medicine passed into the hands of priests and with this began the decline of surgery and anatomical knowledge as they considered sinful the dissection of dead bodies. The Buddhistic doctrine of Ahimsa also influenced this belief. In ancient times the Ayurvedic system of medicine had Ashrams for praying over the sick. Religion, medicine, and art were combined. As evolution progressed, the three became more distinct.

As the Mohammedan rule became established they introduced the Arabic system of medicine and Ayurvedic treatments were thrown into the background. The Arabic system became the state system of relief. However there was a great deal of intermingling and each utilized the materia medica of the other. The result was that, though both the systems had declined, a rich store of Materia

medica was left behind. The Arabs made three fundamental contributions to medicine: Medical Chemistry in the form of alchemy and botany; the organization of pharmacy; and founding of hospitals. With the advent of Europeans both Hindu and Arabic systems declined. When the British rule was established the allopathic system of medicine was introduced and this gradually found its way and was welcomed by the people. Thus the arrival of the British brought a decline in the traditional systems of medicine. There was an over emphasis on the allopathic system of medicine which has in a way caused a decay of traditional systems of medicine. It is a dis-heartening thing to realize that these systems of medicine have been practically stationary for about fifteen hundred years and little attempts have been made to advance the knowledge in conjunction with the progress of the world. Today it is beginning to show some ray of hope for the revival of our traditional system of medicine. Some favourable attitude towards traditional drugs is apparant.[7]

At the beginning of the 20th century with the revival of nationalist spirit, efforts were made to strengthen traditional systems of medicine. It was proposed to further popularize schools, colleges, and hospitals for instruction and treatment in accordance with traditional systems. It is also a fact that inspite of the over emphasis on Western medicine only 20% of the population has access to Western scientific medicine and the remaining rely on the old systems in some form or other.

Growth of Modern Medicine in India

Allopathic medicine has its origin in Hippocrates who based his knowledge of medicine on natural science. He searched for logical explanation of natural phenomenon and this brought in a tremendous change in the medical world. He freed medicine from superstition.

Allopathic medicine was rapidly popularized because of the dramatic cures it offered. The germ theory, which brought in "wonder cure" is one of the reasons for its popularity besides it being based on physiological and rational understanding of the disease process. All the new advances in medicine were making it possible to identify the specific cause of disease and to develop specific remedies.

Industrialists took special interest in developing allopathic medicine as the new theories shifted the focus of disease causation away from the social conditions that bred disease to the immediate cause, which was the germ. Attributing the causes of illness to germs rather than to poor nutrition, bad working and living condition helped to divert the attention from the exploitative nature of society to other causes. It is clear that the interests of powerful groups in society have influenced greatly the development of allopathic medicine.

The allopathic system of medicine was introduced into India as a result of our contact with the Western nations especially the British. Portuguese were the first European nation to come to India. Allopathic medicine and medical education in India has its

beginning in a rudimentary form in Goa in 1703 and was gradually upgraded. It was with the arrival of British that allopathic medicine was established in India. Women's medical service made its roots during World War I when women took charge of hospitals to enable men to join the army. Hospitals were first established in India in the 17th Century and the allopathic system of medicine was imported from Britain to cater to the officers of Army and Navy and to a small favoured elite of the native population. Gradually medical schools were started in Calcutta, Madras, and Bombay. Many medical missionaries came from other countries to set up hospitals and dispensaries offering allopathic medicine. They began as small service centers which gradually grew into larger and modern institutions.[8]

By mid nineteenth century the allopathic system had become the sole recipient of state patronage. The total responsibility for the planning and operation of a health service which was meant to cater for the entire population fell into their hands. Allopathic medicine was restricted mainly to the British population living in India and to a minority of the population belonging to the richer sections. Vaccination against Smallpox and Cholera were the only medical technologies extended to the rest of the population and this was because of the fear of spreading the diseases.

Independent India: The facilities and services of medical technology were extended to the general population only after India gained Independence. Commitment for the provision of health

services to the vast masses of India particularly for the rural population was clearly stated in the directive principles for state policy of the Constitution. The personnel called upon to initiate and shape the new health policy were Western oriented. Besides when the British officers were withdrawn after Independence, they were replaced by Indian counterparts. During this transition, there were not adequate numbers of trained personnel. Also the newly formulated health programme demanded increased manpower which were filled by personnel trained in the British traditions and claimed the vital posts based on seniority. All these led to Western influenced medical system and these Western values gave shape to our health services. The result was that it failed to appreciate the importance of social and cultural factors in the delivery of health services. The appreciation and demand for allopathic medicine extended all over the country especially as its surgical achievements appealed strongly to the people and made a great impact on them. Today it has developed into a vastly expanded, highly technological, sophisticated, and individualistic curative medicine.[9]

Medical education also was influenced by Western values. The Medical Council of India is a phototype of the Medical Council of Britain and followed the same standard of training. The country's scarce resources were utilized to train medical personnel who were not willing to go to rural areas where the vast majority of the people live.

Despite the social objective to make available health services particularly to those neglected group, the educational system

is not geared to nor are they motivated to serve the rural population. The medical personnel coming out of such an educational set up are not satisfied with the facilities available in rural areas. Following the recommendations of the Bhore Committee, departments of preventive and social medicine were created in Medical Colleges to bring about social orientation of medical education. But these departments are not properly developed and the preventive services have received a much lower priority. Even though an elaborate health service system was planned, giving importance to preventive aspects with rural areas as a focal point, it took a long time even to start opening primary health centres. Emphasis has been on urban health facilities. Medical expenditures are soaring higher daily until it is beyond the reach of ordinary people. Thus with the sophisticated allopathic system of medicine, India has failed to develop a sound health delivery system.

SOME ASPECTS OF THE PRACTICE OF VARIOUS SYSTEMS OF MEDICINE IN INDIA AND CURRENT SITUATION

Rational use of resources in health care planning requires a good knowledge of how the existing system works, whether it is meeting the health requirements of the majority of the people and which are those aspects that are least effective and need to be changed.

This section discusses the various systems of medicine as practiced in India to-day, its development, acceptance or non-acceptance of these multiple systems and their existing roles in the health care services.

India has a long history of medical practice with multiple health care systems. These systems include the well developed non-allopathic systems, like Ayurveda and Siddha which are evolved within the ancient Indian civilization and Unani and homeopathy, which are assimilated from the other civilizations. The Western system took root only in the 19th Century with the arrival of the colonists. Even though the Indian system had attained a high level of development, and self sufficiency further development was slowed down with the establishment of Western medicine.

Post-Independent Period: During the freedom struggle the national leaders had recommended a national health scheme with particular attention to the rural areas which would provide a comprehensive health care system. "The health care and development committee" known as Bhore Committee, appointed in 1943, to study the health situation and propose changes, provided the first insight into various dimensions needed for a comprehensive health care system. They stressed the importance of environmental sanitation, safe drinking water, and suitable housing. However, the committee failed to propose a detailed budget, distributing the resources in favour of rural areas. It also by-passed the Indian system of medicine and relied on Western medicine and practitioners, strengthening the existing model of health care with its modernizing features and urban orientation. Since then, various committees have been instituted which favoured the establishment of a broad integrated national health system that would be equally accessible to the entire population irrespective of their ability to pay. But these have not been fully implemented and the leaders opted to

follow the British tradition of urban oriented health care systems with emphasis on curative medicine.

Progress in Health Care: Despite these limitations, some significant progress has been achieved since the independence. The death rate and infant mortality rate have steadily declined and the life expectancy has increased. There has also been some progress in the control of communicable disease. Smallpox has been completely eradicated and malaria brought under control in some states. The incidence of Cholera has reduced to some extent and comprehensive programmes have been developed to combat Leprosy, Tuberculosis and fileria with the provision of Central subsidy.

Organised health care system has made considerable progress. A huge infrastructure of hospitals, dispensaries, and subsidiary centres have been built mainly in the urban areas. With the development of medical colleges and teaching institutions, health professionals and paramedical workers have greatly increased. Social and preventive medicine was introduced to bring about a social orientation to medical education. Excellent specialized facilities were available in the urban area.

Limitations: Inspite of all this progress in health facilities, the total health scene of India reveals a very depressing situation. The majority of India's population live in rural areas and the concentration of health facilities are in the urban areas. There is a decided neglect of rural health needs and other basic facilities.

"The following are some of the salient features of the health scene compiled from various sources:

1. Mortality rate of rural population is, on an average, twice as high as that of the urban population.
2. There is one doctor for every three thousand Indians, but eighty percent of the doctors work in the urban areas.
3. Children under five comprise sixteen percent of the rural population; but the deaths in the age-groups accounts for over fifty percent of all deaths in the villages.
4. The infant mortality rate in the rural areas is around 140 per 1000 live births accounting for about thirty percent of all deaths.
5. About half of the world's twenty million TB patients are Indians and over one-third of the ten million leprosy patients in the world are Indians.
6. The haemoglobin level of average Indian woman is far below normal requirements. Malnutrition further disables her causing more anaemia and weakness.
7. The sex-ratio in the population declined from 950 females per 1000 males in 1946 to 930 in 1971 due to worsening health of the Indian women.
8. Over 13.5 million or two percent of the total population suffer from pulmonary tuberculosis despite a nation-wide TB control programme launched in 1979. Filariasis or elephantiasis afflicts another 14 million Indians.
9. Water borne diseases - Cholera, Typhoid, Gastroenteritis affect and afflict innumerable millions, killing at least 1.5 million people every year.
10. Malaria which was practically wiped out by 1960, staged a

dramatic comeback in the 1970. Every year there are three million new cases of malaria of which an estimated forty percent or 1.2 million die from its onslaught".[10]

It is clear from the above data that the success of a health care system cannot be judged by the growth of curative facilities. The access provided to all sectors of population must be taken into consideration as well as other contributory factors while assessing the health status of a population.

PRACTICE OF VARIOUS SYSTEMS AND INTERACTIONS

As mentioned earlier, India has an ancient medical history and health resources in the form of knowledge, material and manpower. But India's health policy is not designed to make full utilization of these resources, neither is it suited to tackle the enormous health problems. Instead of concentrating on the specific health problems, needs and aspirations of the people, their customs and traditions and taking into account the local health resources, the allopathic system of medicine adopts the pattern of medical care suited to the disease pattern and socio-economic conditions of developed countries. Realizing the inability of allopathic medicine to meet the tremendous health needs of India, the government has recommended the development and incorporation of traditional systems of medicine into India's health care system. But the existing health practices do not reflect these recommendations.

On the contrary the government policy in terms of employment remuneration and status of traditional practitioners reinforces the opposite trend. A very low allocation of finance for indigenous

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system of medicine is an example. Also the allopathic health professionals and their associations often oppose the indigenous system of medicine and brand them as unscientific.

Following India's commitment to Alma Ata declaration, some efforts were made for the development of primary health care. Primary health care is mainly carried out by the government hospital's out patients department, rural clinics, and by private and general practitioners, some PHCs and sub-centres were established. But many of them are nonfunctional. Service is mainly focused on family planning and immunization and hardly any on medical relief. Even the higher referral centres are not equipped with facilities and competent personnel. The district hospitals and medical colleges are the only functioning system and they are always overcrowded. About seventy percent of the people resort to private health services with high fees and rising cost of medicine.

A new trend is evolving, promoting the use of traditional medicine (Non-Allopathic). People speak more and more of the ill effects of modern medicine and increasing cost of medicine. Popularity of the traditional medicine is among the general public, and more among middle-class and rich than among the poor. This may be due to better education and health consciousness. There is an increasing amount of literature and write ups on holistic health, drugless therapy, Yoga, and so on, and also about the irrational use of drugs and their side effects. The government also is committed to the revival of the traditional system of medicine, to some extent. The government officially recognises

about seven of the traditional systems of medicine i.e., Ayurveda, Siddha, Unani, Yoga, Naturopathy, Homeopathy and Tibetan medicine. The role of traditional medicine in primary health care is being emphasized. In this there seems to be a tendency to push low cost drug and traditional medicine to the periphery for the use of poor who cannot afford expensive allopathic medicine. This may lead to underestimation of traditional medicine and may hinder its development. This should be promoted for its usefulness and effectiveness and not merely for its low cost.

It is clear that despite the expansion of modern health care, there is no indication that traditional systems are loosing their influence. There are about 2.2 lakh Ayurvedic Vaidyas, twentyfive thousand Siddha Vaidyas and about thirtyfive thousand Unani Hakims in India today. These practitioners enjoy high local acceptance and respect and exert considerable influence on health beliefs and practices.

Considering that the Indian systems of medicine have been operating under severe constraints and a hostile state policy, it is a tribute to the inherent strength and support of these systems. This strength derives from the fact that they are rooted in the traditions of our people. It is estimated that only 18-20% health needs are met by allopathic medicine and the rest are met by the traditional practitioners. However, there is not enough recognition for the part played by this system in the total health care. Also there is little or no co-operation and support between systems. Each functions as an isolated entity. They are running parallel to each other and lack cross referrals and mutual support.

There is a need to identify the values of various systems and utilize for the good of the humanity. The struggle to create a healthier society and appropriate system cannot be separated.

REVIEW OF LITERATURE

Of late years a spirit of enquiry and research into the traditional systems of medicine is discernable. There is a move towards using local herbs and medicines. So today programmes and articles abound on nature cure, herbalism, homeopathy, acupuncture, Siddha, unani, yoga etc. They are surely serious appraisals of various systems and practices of medicine. Many researchers and writers have come up with the idea of a multi system of medicine for India and have expressed the need for co-operation, collaboration and mutual support between systems.

Various systems of medicine

It is useful in this context to examine medical systems and how various authors view the various systems of medicine. Medical systems refers to actual health care alternatives people utilize in time of illness. Good et all (1979) Comment on Systems of medicine: "Basically, there are two systems of health care in the developing world: One is traditional and prescientific: the other modern, scientific and western in derivation".[11]

The term "Prescientific" is not true for many of the traditional medical systems, for example Ayurveda is highly developed and has scientific foundation.

> Ayurveda is India's 'own' medical science which is 'at once ancient and modern' due to its basic inherent value. The basic principles of Ayurveda were enunciated and codified in 'sutras' by the rishis like Bharadwaja, Atreya and Agnivesha-a brilliant Ayurvedic lineage of ancient India. Ayurveda, while deals comprehensively with matters of 'positive health', apart from the potentials of medical service, has a very well doctrinated 'scientific foundation'. It is propounded on the philosophical plane through the faculty of observation, analysis, synthesis and conclusion drawn thereof, to correlate itself with the total environment-right up to the 'cosmos' that surrounds the man and his planet.12

> More recently, work by Dunn (1976) has suggested that "traditional Asian medicine and cosmopolitan medicine" are distinct, essentially independent systems of health care that coexist within, and provide essential services to the citizens of modern Asian nations.13

> However it is clear that many different forms of traditional medicine may exist within a single community (Unschuld 1975). Leslie (1976:1), for example, notes a plurality of traditional medical systems (Chinese Ayurvedic, and Yunani) coexisting with "cosmopolitan" medicine across the Asian continent "most notably in China and India but also in Japan, Sri Lanka and other countries. "These regional medical systems have maintained their essential identities as separate traditions, yet they have thrived side by side in pluralistic societies for ages. In this sense, pluralism is conceived as a multiplicity of regional healing systems and tradition rather than as individual systems of traditional and modern medicine.14

Collaboration Between Various Systems

There is a renewed interest in the revival of traditional medicine and an attempt to evolve an alternative approach to health care. Today's highly technological and hospital based health care system is not accessible to the vast majority of the people in developing countries. They are faced with financial and structural barriers. There is a search for alternatives. S.L. Goel (1980) states

> While every effort should be made to appropriate the best in knowledge of the West and make modern medicine and science available in India, the high cost of Western system of treatment makes it difficult for universal application and it is therefore necessary to develop an alternative strategy of medical care combining the good features of both the Western and indigenous systems.15

The Western system of medicine and traditional systems should not run parallel to each other but must supplement each other's efforts. Some experiments are being conducted on the use of medicine used in the traditional systems. Dr. Mahler has beautifully said,

> For far too long, traditional systems of medicine and modern medicine have gone their separate ways in mutual antipathy. Yet are not their goals identical -- to improve the health of mankind and thereby the quality of life? Only the blinkered would assume that each has nothing to learn from the other.16

International organizations like WHO have highly recommended the use of indigenous drugs especially by the developing countries. WHO's Traditional Medicine Programme:

> Recent positive developments are partly the consequence of WHO's leadership role in the health domain. Endorsement by WHO has also encouraged a reexamination of the value of traditional medicine in most developing countries from which new cultural awareness of, and pride in, traditional values have emerged. This new-found national pride would be of little consequence unless it were translated into a meaningful form of action.17

> Traditional health practices and materia medica, once they have been proven effective and safe, can offer remedies that are both culturally acceptable and economically within reach of even the neediest people. Traditional practitioners, who are already well patronized by members of the communities in which they live and work, can valuably extent the coverage of the health system. And medicinal plants of proven value can not only meet important health needs and reduce national drug importation bills; they can also, under suitable climatic and other

> conditions, be cultivated so as to bring in substantial foreign exchange earnings. 18

Western nations are beginning to look up to traditional medicine and realise the value of it.

> Dr. Geo, F. Clarke MA. MD of philadelphia was of opinion "I would rather trust ancient Hindu practice than the allopathic practice of what we are wont to learn in this enlightened age. If the physicians of the present age would drop from the pharmacopoeia all the modern drugs and chemicals, and treat their patients according to the method of Charaka, there would be less work for the undertakers and few chronic invalids in the world.19
>
> The opinion of Lt. Col. R. Knowel. IMS, as former director, school of Tropical Medicine, Calcutta needs special mention. Col. Knowel said "Old Ayurveda modernized and rejuvenated will not only be 'national medicine' of India but will play no small part in upliftment of the 'international medical system' of the world, and 'international medical system' stand out quite impressively only to emphasize the great quality of Ayurveda as a medical science which, of course, has its appeal only to the conscientious reader. 20
>
> A combination of traditional healing and modern medicine appears to be the most promising and appropriate solution for the health care problems in developing countries. 21
>
> It is imperative to explore the possibilities of savings on manpower, and expenditure. One of these ways is to transfer, Primary Health Care from the public services to the private sector, by introducing and utilizing the traditional healers. 22

Lord Hardinge encourages the use of indiganous drugs. He, once in the course of an address said

> When I remember how many millions of people in India are beyond the reach of Allopathic aid provided by the government and how many of those who had means of access to consult the best doctor still prefer to be treated in accordance with the indiganous systems of medicine, I came to the conclusion that I should be wrong to

[illegible]ons. He advised so as to bring in sub-
[illegible]al foreign economic aspirations. 19

[illegible] nations are beginning to look up, to traditional medi-
and realise the value of it.

[illegible]
opinion "I would rather speak without hindrance
than the allopathic practice of what we
want to learn in this antipathetic way. If the
aspirations of the masses are taken into
consideration all the modern ways and medicine.
[illegible]
of medicine, there would be less work for the
[illegible] and for economic advantage in the world.11

[illegible]
[illegible] medicine appears to be the most promising and
[illegible] solution for the health care problems
in developing countries. 21

[illegible]
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promoting and utilising the traditional medicine. 22

[illegible] more increasing economic use of indigenous drugs. The open
in the centuries of an [illegible]

[illegible] I remember how many millions of people in
[illegible] the region, the years of struggle and
[illegible] by the government and how many or more
[illegible]
[illegible]
with the traditional systems of medicine.
to the conclusion that I should go back to

discourage the scheme which aims at improvement and development of this branch of medicine.

Holistic Approach

One of the distinct features of Indian medicine is its holistic approach.

> In Ayurveda, India has a system of medicine which goes beyond mere prescribing of drugs. It is a system of health care which treats each person individually in a holistic fashion. There is a tremendous wealth of information available in many ancient treatises on the subject and from age old-practices, much of which awaits scientific evaluation and validation. 23

Traditional Medicine and Its Role in India's Health Service

The resurgence of interest in traditional medicine has been matched by significant work in different aspects of traditional systems of medicine by academics and analysts both internal and external. Dr. Mahler, Director General of the WHO has rightly said that:

> The age-old arts of the herbalists too must be tapped. Many of the plants familiar to the "wise women" or the 'witch doctor' really do have the healing powers that tradition attaches to them; the pharmacopoeia of modern medicine would be poorer if one removed from it all the preparations, chemicals and components whose origin lie in herbs, funguses, flowers, fruits and roots. 24

The Secretary of the Ministry of Health and Family Welfare (Govt. of India) stated:

> We do recognize that there are a few diseases where the modern system of medicine has not been able to give an answer but where the practitioners of Indian systems of medicine have got an answer. They claim that they can treat such diseases with effectiveness. 25

Dr. Dan N Lantum stresses the need for an integrated system

> Since traditional medicine is still widely practiced to good effect, should it not be officially recognized, encouraged, improved upon, and integrated into the contemporary national health care system. 26

Growing interest in indigenous drugs and their utilization is obvious from the current literature.

> Literally thousands of society oriented indigenous groups exist, many of them waiting for indications of useful directions in which to apply their energies and resources. 27

HYPOTHESIS

Despite the efforts made by the government over the years since Independence, India has failed to meet even the basic health needs of the vast majority of the population living in villages. It is estimated that less than 15% of the Rural population and other under priviledged groups have access to organised health services. Mal-distribution of health facilities and non-utilization of potential resources for health services are very evident. Unless we mobilize all available resources and health manpower especially of the traditional health care system, the health needs of India's large population cannot be met.

We have failed to appreciate the importance of cultural and social factors in the delivery of health services. About eighty per cent of the population in the rural area have confidence in the traditional system of medicine and are actually utilizing its services. So there is a clear need for preservation and strengthening of the valuable elements of traditional medicine and its

incorporation into the health services. National health policies are lacking in clear health priorities, equitable distribution of health resources and emphasis in community involvement. Also there is poor linkage of various systems of Medicine.

1) It is necessary to develop an alternative strategy of medical care utilizing the good features of both allopathic and traditional system of Medicine.

2) One of the greatest obstacles to healthy interaction of various systems of medicine is the attitude of medical profession towards indigenous systemsof Medicine and the lack of its official recognition.

3) There is a lack of Governmental commitment in maintaining the role of traditional medicine in the national health services. Research and development of this system is inadequate.

4) It is necessary to develop a perspective which will utilize the various systems of medicine to provide total health coverage of the country.

METHODOLOGY

This section describes the methodology followed for the study. Based on the theoretical concepts, historical background, current understanding of the various systems of medicine and the study on experiences of co-existance in three different hospitals, I have designed this study to look at it from the point of view of its co-existance, collaboration, mutual support, and the general attitude towards indigenous system of medicine, keeping in mind the ultimate goal of "welfare and well being of human kind".

interrelation into the health services. National health policies are lacking in clear health priorities, [illegible] health resources [illegible] in community involvement. Also there is great lingage of various systems of medicine.

i) It is necessary to develop an integrative approach of medical care utilizing the good features of both allopathic and traditional systems of medicine.

[illegible]

[illegible] of such system is made quite [illegible].

4) It is necessary to develop a perspective which will unify the various systems of medicine to [illegible] total health coverage of the country.

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This section describes the methodology followed for the study. Based on the theoretical concepts, [illegible] broad areas, current [illegible] of the various systems of medicine and the study of [illegible] of co-existence in these different contexts. I have [illegible] this study to look at it [illegible] the notion of view of the [illegible] multidimensional [illegible], as the [illegible] [illegible] the various traditional systems of [illegible] [illegible] [illegible]

Terminology used in this paper

Traditional systems of medicine: This term is used to include all non allopathic systems of medicine prevalent in India, Ayurvedic, Siddha, Unani, Homeopathy, Naturopathy and so on. Most of these systems are based on scientific foundation and is in existance over hundreds of years, before the development of allopathic medicine. Even though Homeopathy and Unani had their origin in other countries, they have become part of India's traditional systems of medicine, because of their use in our country for over hundreds of years.

Term like "Indigenous, Non allopathic, folk, and Indian medicine" may be seen in some of the quotations I have chosen.

Indigenous medicine: This term denotes more the cultural/geographical origin of the particular system.

Allopathic system of medicine: Allopathy refers to Western system of medicine. The terms like modern/scientific are also seen in some of the quotations. The term 'scientific' is misleading. It gives the assumption that all aspects of allopathic medicine are scientific and all traditional medicine are unscientific, which is not correct.

Throughout this paper I have used the term "allopathic" and "traditional" medicine as two distinct systems of medicine for easy identification.

[illegible]

[illegible] This term is used to include all the indigenous systems of medicine [illegible] in India, such as [illegible], Siddha, Unani, Homeopathy, Naturopathy [illegible]. Each of these [illegible] based on scientific foundation and is in existence over hundreds of years, before the development of allopathic medicine. Even though Homeopathy and Unani had their origin in other countries, they have become part of India's traditional systems of medicine, because of their use in our country for over hundreds of years.

Terms like [illegible], [illegible], etc., and [illegible] may be used in some of the quotations [illegible].

[illegible] This term [illegible] origin in the particular region.

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Throughout this paper I have used the term "allopathic" and "traditional" medicine as two distinct systems of medicine for easy identification.

Universe

Because of the time constraint and as there are not many existing model institutions where various systems are incorporated and working in co-ordination and co-operation, the scope of this study is limited. The three institutions included in the study are of different sizes and set up. Also the non-allopathic systems in these institutions are of different kinds and size and the number of beds, and facilities greatly vary.

Sampling

Because of the differences in size, occupancy, and staff strength, the uniform number of samples could not be obtained of the two different systems of medicine. In all the said institutions allopathy is prominant, much more organized and developed while the other systems are only in small proportion. So the number of respondents vary in allopathic and non allopathic systems. Three institutions with varied bed strength, occupancy, and size were used for samples. These are voluntary non profit institutions run by religious groups. Hospitals having more than one system is of recent origin and there are not many such institutions. Even the few existing are scattered all over the country. Hence the difficulties to get bigger samples. Besides the three hospitals a few individual allopathic doctors also were included in the study to increase the number of the sample.

Four interview schedules were prepared for the following categories of people: (See appendices I, II, III, and IV)

VOLATILES

[illegible]

[illegible]

[illegible]

a) Administrators/Directors

b) Traditional practitioners/Non Allopathic Doctors

c) Allopathic Doctors

d) Patients undergoing treatment under traditional practitioners.

The method used for collection of data was personal interview with the help of structured questionnaire. The questionnaire were of two types; open ended questions and objective type of questions. Because of the time constraints and distance, only two of the hospitals were visited. Questionnaires were sent by post to two of the hospitals and to individual doctors. Only one hospital responded to the questionnaires. Of the two hospitals visited, interviews were conducted with the respondents. The doctors were met and discussed, but most of them preferred to fill in the questionnaire by themselves in their spare time. The patients were personally interviewed with the help of an interview schedule. The purpose of the study was explained. Confidentiality was ensured for free expression of opinion, encouraging honesty and openness. The people contacted in three hospitals are:

Allopathic doctors	-	18
Traditional practitioners	-	16
Patients	-	16
Administrators/Directors	-	3

There is a limited number of medical personnel especially in traditional systems of medicine and the number of respondents in each category vary. Also the number of respondents vary between

hospitals, as the bed capacity and size of the hospitals are different. Because of the time constraints, only patients of the traditional system were interviewed. These also are in limited numbers as there were only a few inpatients. One hospital had no inpatients and the out patients were interviewed. Another drawback was the language problem. As no interpreter was available, only English speaking patients were interviewed in one of the hospitals. It would have been preferable to have the same size and type of hospitals for better comparison.

The data were classified according to the topics on which the questionnaire were based. The finding were then analysed based on the hypothesis.

PURPOSE, SCOPE AND LIMITATIONS OF THE STUDY

The existing health care service is not sufficiently contributing to the health needs of the bulk of our people, who are poverty ridden. Health has become a commodity accessible to only a few. The inadequacy of modern medicine as a comprehensive health care system is being recognised. A growing interest is seen in the revival of Indian system of medicine.

During the last two decades, our society (Medical Mission Sisters, one of the pioneers in voluntary health services) has been exploring newer ways and means of making the services in our health institutions more relevant to the needs of the time. As a result of this constant search and ongoing evaluation of our mission, I have gained a greater awareness of the health realities of India and the

hospitals. As the bulk capacity and size of the hospitals are kin-
[illegible]. Because of the close connections, only members of the
traditional system were interviewed. These also are in limited
numbers as there were only a few interviews. One reported fail ac-
[illegible]

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[illegible]

The existing health care service is not sufficient [illegible]
[illegible] to the health needs of the bulk of our people. [illegible]
[illegible]. The inadequacy of modern medicine as a comprehensive health
care system is being [illegible]. [illegible] interest in and in the
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During the last two decades, our society (Medical Relief
Society, one of the pioneers in voluntary health services) has been
instituted one more endeavour in the direction of the time. As a result of
[illegible] evaluation of our relation. [illegible]
[illegible] of the health activities of [illegible] as a
[illegible]

injustices and exploitation that is going on in the health sector. There is a great need to incorporate the various traditional systems of medicine into India's health care services. Both the allopathic and traditional systems can contribute greatly to the health needs of India. I feel that the voluntary health institutions must take initiatives in introducing these traditional systems of medicine into the existing allopathy hospitals, giving them recognition and equal status. My vision of the future is a harmonious co-existance of various system of medicine in India. Hence the reason for the selection of this particular topic can be summarized as follows:

1) Medical Mission Society of which I am a member is in the process of orienting our health institutions into a community Based hospital.

Criteria for Community Based Health Care

TASK	PROCESS	GOAL
(1) Community Health approach (2) Inter-sectoral Integration	(3) Community Participation	(4) Self reliance (5) Social justice (6) Human development ⋮ Leading to better health. ⋮ Healthy communities.

Source: Contact No. 82 Dec 1984.

The evolution of a community - based programme in Deenabandu. Drs. Hari and Prem Chandran John.

2) India's Socio-political and economic situation compels that we look into alternative means of health care. The Western system of medicine serves only 15% of the country's population and it is highly costly and not accessible to a vast majority of people.

3) India has such a rich heritage of medical knowledge and resources which have been suppressed and oppressed and it needs to be rejuvenated.

4) The people need to be educated in the rational use of drugs and also emphasise the need for developing the indigenous medicine and utilize the rich resources for the total health coverage.

5) It is important that we search into the historical background of medical practice in India and frame a perspective that will utilize the best in all systems of medicine. There is a need for inter-system relationship, co-operation and support.

Specific Objective of the Study

A brief study was conducted in three hospitals with the specific objective of:

1. To study how the various systems of medicine can exist side by side and can effectively function in voluntary health institutions.

2. To know the attitude of Western and traditional medical practitioners towards each other and how various systems can supplement each other.

3. To study the extent of collaboration, co-operation and support possible between various systems of medicine in three institutions where more than one system of medicine exist.

4. To study the extent of trust and belief in the various systems and to estimate the use of other systems.

5. To know the attitude and extent of trust and faith of the public in traditional systemsof medicine.

6. To study the possibilities of utilizing traditional systems of medicine along with allopathic medicine and to know the extent of professional relationship, co-ordination, referral and mutual acceptance.

Scope and Limitations of this study

This is a vast topic to deal with, that there is much scope for detailed study and further development on this topic. Due to time constraint, the proposed study is limited to the practice of various systems of medicine in relation to inter-system relationship co-operation and support. It is not within the perview of this paper to go into the actual practice of all the different systems of medicine prevalent in India.

In this study attention is focused mainly on the attitudes of practitioners of various systems, the recipient of the services, and the management. Another area of focus is the faith and trust placed in the traditional systems and the extent of collaboration, co-operation and support between systems. The efforts of the

institutions to develop and promote indiganous system of medicine is also looked into.

There is also some limitations in the selection of institutions for the purpose of study. Institutions where different systems of medicines are practiced are very few in numbers and scattered all over the country. I was able to visit only two such hospitals. Questionnaires were sent by post to the other two hospitals, being far away. Another disadvantage is that the hospitals are of different sizes and types, that comparative study is not possible. Besides all the hospitals did not have inpatients, and the number of out patients were few. I also was not able to locate a model hospital where both systems of medicine is being practiced with mutual support and understanding and in the same status and capacity. With all these limitations I have tried to look into current practice and future scope.

CHAPTER II

NEED FOR REVIVAL OF INDIA'S RICH MEDICAL HERITAGE AND FOR COLLABORATION, INTERACTION AND CO-OPERATION BETWEEN VARIOUS SYSTEMS OF MEDICINE

BASIC PRINCIPLES OF SOME OF THE TRADITIONAL SYSTEMS OF MEDICINE PREVALENT IN INDIA: AYURVEDA, SIDDHA, UNANI, HOMEOPATHY

INFLUENCE OF TRADITION ON HEALTH CARE SYSTEMS

SOCIO-ECONOMIC ASPECTS OF HEALTH CARE

WHO ON "NEED FOR DEVELOPMENT OF TRADITIONAL SYSTEMS OF MEDICINE"

INDIA'S NATIONAL HEALTH POLICY AND GROWING INTEREST IN THE DEVELOPMENT OF TRADITIONAL SYSTEMS OF MEDICINE

A MULTI SYSTEM INCORPORATING VARIOUS SYSTEMS OF MEDICINE SEEMS TO BE THE HEALTH CARE SERVICE SUITED FOR INDIA

CHAPTER II

NEED FOR REVIVAL OF INDIA'S RICH MEDICAL HERITAGE AND FOR COLLABORATION, INTERACTION AND CO-OPERATION BETWEEN VARIOUS SYSTEMS OF MEDICINE

The traditional wisdom of India concerning medical practice and its contribution to the medical world is not known even to many Indians. Even though the traditional system of medicine is still prevalent among the masses its growth and development has been stagnant and the popularity has been dying, except for the recent cry for revival, from different corners.

The traditional medical systems in India which number about half a dozen including those adopted from other countries have a great potential in contributing to the health care needs of India. The revival of these systems is very important and a "must" for India's health care development. This chapter is devoted to a brief study of the principles of some of the important systems highlighting the need for developing a perspective which will rationally utilize these various systems and work together, with understanding, co-operation, and mutual support. In an attempt to emphasize the need for collaboration and interactions of various systems of medicine and the revival of traditional systems, various supportive factors like, customs, culture, socio-economic aspects and present stand of India and WHO are outlined.

BASIC PRINCIPLES OF SOME OF THE TRADITIONAL SYSTEMS OF MEDICINE PREVALENT IN INDIA: AYURVEDA, SIDDHA, UNANI, HOMEOPATHY

A definition of systems of health care delivary, may usefully

begin with the concept of health. The World Health Organisation has defined health as a state of complete physical, mental and social well being and not merely the absence of disease. Every community since its existance has been confronted with diseases of one type or other and they have responded to these challenges by developing a "medical system" as we call it.

> Medical systems can be conveniently classified by reference to their geographical and cultural settings. Thus there are local medical systems, a category which can accommodate most systems of "primitive or folk medicine"; regional medical systems such as Ayurveda, Unani, Chinese medicine, and the Cosmopolitan medical system (often referred to as "modern", "Scientific" or Western medicine.) Local and regional systems are almost invariably indigenous and traditional; and they are normally intracultural, although by no means insulated from exchange with other systems. 28

India as we mentioned has many traditional medicines in current practice. We will discuss here briefly some of the important tradirional medical systems prevalent in India showing the important principles underlying its practice. Because of the time constraints, I will not go into details of its practice.

Ayurveda:

This is one of the oldest systems of medicine ever evolved throughout the world and has contributed to the development of contemporary medical science. Rig Veda and Atharva-veda are the two oldest texts where mention of health, disease, and medicine are made. Ayurveda is the science that imparts all the knowledge of life. It defines health and factors responsible for its maintenance and promotion and also explains a useful and harmful,

be dealt with the course of health. The total medical profession has defined health as a state of complete physical, mental and social well being and not merely the absence of disease. Every community makes its preliminary judgments about what constitutes health or a lack thereof and they have responded to these conditions by developing a "medical system" as we call it.

[illegible]

[illegible] in any [illegible] medicine in Ghana [illegible] medical [illegible] in [illegible] practice. Because of the same considerations, I will not go into details of its practice.

[illegible]

This is one of the oldest systems of medicine [illegible] [illegible] medical science. Holy Veda and Ashtanga-Hrida are the [illegible] [illegible] of life. It is [illegible] [illegible] and [illegible].

happy and unhappy life, and gives guidelines on what is beneficial and harmful to life. It describes the aetiological factors, pathogenesis, clinical manifestations, treatment and prevention of various disease states.

The basic theories of Ayurveda arises from the concepts of panchamahabhutas and Tridosha, which embrace the process of creation and evolution of the universe and all laws of life therein. According to Ayurveda the human body and all matter in the universe are composed of Panchamahabhutas. So far as the function of the body is concerned this system considers the body, mind, and soul as complimentary to one another.

All physical and physiological processes in the human body and the pathogenesis of various diseases and their symptoms are explained by the theory of the Tridosha, motion (vata) energy (pitta) and inertia (kapha) and the seven dhatus: body fluids, (rasa) blood (rakta), muscular tissue (mamsa), adipose tissue (meda), bone tissue (asthi), nerve tissue and bone marrow (majja) and generative tissue (shukra).

Vata particles control the utilisation of energy by various cells and organs for their anabolic as well as catabolic activities. Vata also controls the movements of pitta and kapha and thus control all the function and activities of the body. Pitta particles are responsible for metabolic process and supply heat and energy to the body. Kapha particles constitute the cellular as well as intracellular structure of the body and maintains the internal environment of the body. The balanced state of Vata, Pitta and Kapha is

is health and the imbalanced state gives rise to disease.

Ayurveda defines a healthy person as one in whom there is equilibrium of the humours (tridosha) and the body tissues with normal digestive as well as excretory functions associated with gratification of the senses, mind, and soul. In the light of these principles Ayurveda considers human beings in their totality and in their subtle relationship with the universe. The approach is that, since the imbalance causes disease, the aim of the treatment is not only curing disease but also enhancing the body vitality to maintain the balance and combat disease. Ayurveda epitomises the philosophy of total health care and naturally the patient as a whole is given considerable importance.

For the promotion and maintenance of positive health and prevention of disease Ayurveda prescribes daily routine, regulated diet, sleep and regulated gratification of sex.[29]

Before starting treatment the physician examines the patient as a whole, taking note of internal physiological character and mental disposition. Examination includes the bodily structure, urine, face, tongue, eyes, pulse, etc. The line of treatment is based on the presence and number of etiological factors, it consists of avoiding the causative factors, advising medicine, diet, activity and regimen which will restore the balanced state of body.

There is a misconception that Ayurveda is not competent to handle any emergencies. But there is evidence that Ayurveda was a fully established system and the concept of emergency management

was a well recognised speciality. The father of surgery Maharshi Sushruta has clearly mentioned the definite importance of emergency management over the ordinary management in "Sushruta Samhitha". In the management of emergency cases each and every known resuscitative measure depending upon the case was in practice. Even the diseases have been classified as per prognosis, etiology, clinical features, severity and complication.[30]

Medicine had developed to a high degree in India and Indians are pioneers in developing a complete "health care system" which is uniquely suited to the people of our country. It is pertinent to note that even today 80% of the people depend upon Ayurvedic treatment. "There are over 2,40,000 practitioners of Ayurveda in the country, 1452 hospitals and 11,100 dispensaries (as of 1.4.1984). Ayurveda has the largest number of practitioners and hospitals, followed by homeopathy".[31]

Ayurveda also has its own set backs. There are some adaptations from allopathic system and, some of the practitioners use allopathic drugs without knowing the side effects and proper dosage. More work on standardisation is required.

Siddha system of Medicine

Siddha system owes its origin to the Dravidian culture. The Tamils who were inhabiting the Southern peninsula of the sub-continent of India undertook a systematic study of nature and its elements and from what they were able to grasp they had developed a highly systematised medicine which is known as "Siddha system".

It is well founded on the basic principles of nature and its elements after a careful and thorough study of the human system.

The Tamils in their quest for knowledge developed two ways by which man can achieve mastery over nature. One is the yogic way and the other is through medicine. The persons who dedicated themselves to this task were themselves great yogis known as Siddhars. The earliest medical treatise in Tamil was propounded by Sivanar.

According to Siddha medical science, the universe originally consisted of atoms which contributed to the five basic elements, earth, water, fire, air and ether, which corresponded to the five senses of the body. A close relationship is found to exist between the external world and the internal system of man. Siddhars maintain that the structure of the human body is a miniature world in itself. Man consumes water and food, breaths the air and thus maintains the heat in the body, he is alive on account of the life forces given by ether. Earth gives fine shape to the body including bones, tissues, muscles, skin, and hair. Water represents blood, secretions of the glands, and vital fluid. Fire gives emotions, vigour, and vitality. Ether is the characteristic of mental and spiritual faculties. A suitable proportion of these five elements in combination with each other will produce a healthy person. Elements are divided into two halves, namely physical and subtle. And this subtle part is further subdivided into two equal parts of which one is retained as such and other part is again subdivided

into four equal parts. This is what is known in Siddha system of medicine as the theory of panchikarnam (five fold combination).

Siddha is believed to be capable of curing many chronic and degenerative disease. Minerals, metals, and plants in suitable combination are used in the preparation of medicine.[33]

Unani Tibb

Unani Tibb is Graeco-Arab medicine introduced in India by Mughals. Hippocrates the father of medicine laid the foundation of the Unani system of medicine.

The basic principle consists of the four-humour theory of Hippocrates, which presupposes the presence in the body of four humours: blood, phlegm, yellow bile and black bile.

Temperament occupies a very important place in Unani Tibb and forms the basis of pathology, diagnosis, and treatment. The temperaments, sanguine, choleric, phlegmatic, or melancholic depends upon which humour predominates. Any change in temperament brings about a change in the person's state of health. Thus disease is an expression of the imbalance of the humours, and of the failure of one or more parts of the body to eliminate pathogenic wastes. Drugs also are assigned temperaments and there are degrees of temperaments. Drugs are used to correct the abnormal pathological temperament of the body itself. Body composed of matter and spirit is taken as a whole, because harmonious life is possible only when there is balance between the bodily and spiritual functions. Unani system believes that the human body has its

into four equal parts. This is what is known in India as the [illegible]

Sidha is believed to be capable of curing many chronic and [illegible] diseases. [illegible] are used in the preparation of medicine.[23]

[illegible]

[illegible] medicine [illegible] in India is [illegible] Hippocrates the father of medicine [illegible] of the [illegible] system of medicine.

The basic principle consists of the four-humour theory of Hippocrates, which presupposes the presence in the body of four [illegible] blood, phlegm, yellow [illegible] and black bile.

[illegible] and forms the basis of pathology, diagnosis, and treatment. The [illegible] brings about a change in the person's state of health. Thus disease is an [illegible] of the imbalance of the humours, and of the [illegible] toxic wastes. Drugs also are analgesic, [illegible] and have the degrees of temperature. Drugs are used to counteract the abnormal [illegible] in a whole, because homeopathic like is possible only when there is balance between the healthy and sick [illegible] [illegible] and by [illegible] the [illegible]

own reganerative intrinsic powers corresponding to defense mechanisms which are debilitated when diseased and the medicine can only assist them to surface once again.

The medicine enables the body not only to overcome the present illness through its intrinsic power but emerges with greater power of resistance for the future.

Preventive measures are also emphasised recommending good health habits, diet and so on. There is a good healer-patient relationship. A detailed examination is carried out by observation, palpation and percussion and studies the patient as a whole. Herbal, animal, and mineral substances are used for treatment.[32]

It is mainly practiced in India and Pakistan. India is the only country where systematic research is carried out. There are medical colleges for the training of practitioners. One special feature of this system is that it gains knowledge about contemporary medicine besides its own system.

There is a lack of infrastructure to reach the people. The total number of hospitals in the country is about 100 with the bed strength of 1356.

Homeopathy

Homeopathy is a therapeutic system developed by a German physician Samual Hahnemann (1755-1843) in the early 19th Century. He himself came to India and began to treat people. Gradually it spread throughout India and people took it as if it were part of

their own national heritage, for unlike scientific medicine, Homeopathy was never regarded as a system imposed by an alien power despite its European origin. Indians found in its philosophy and principles a reflection of their own culture and belief. Homeopathy took its root in India and flourished. The Government recognised it as a traditional medicine and accepted it as one of the national systems of medicine.

Two main principles underlie the teaching and practice of Homeopathy. The first "let like be treated by like" is fundamental and the idea can be traced back to ancient times. Experimenting on himself Hahnemann found that Cinchona bark induced the same kind of symptoms as were caused by malaria, the disease it was commonly used to treat. He inferred that the symptoms of malaria were an expression of the body's resistance and that Cinchona bark acted by stimulating this resistance. He tried out a wide variety of substances and it revealed an astonishing fact: taken in sufficient quantity these substances produced a group of symptoms, which more often than not, resembled those of a particular human illness. This discovery revolutionalised Hahnemann's entire thinking on treatment of disease. It led him to the idea that one could stimulate and enhance the defensive reaction of an organism under stress with a drug that produced the same specific symptomatology in provings. By extensive and detailed provings on many drugs, Hahnemann began systematising the "law of similars", a substance that can produce symptoms in a healthy person can cure the same combination of symptoms in a sick person.

The Homeopathic principle of enhancing the body's defense mechanism posed a difficult problem for Hahnemann. The remedies matched to the symptoms and tended to aggravate the suffering at first sometimes to an intolerable degree, before improvement occured. Such reactions were not surprising as the patient was taking a substance that could duplicate his existing symptomatology. Seeking to lessen the severity of these reactions he reduced progressively the doses given and discovered that infinitesimal quantities could still be curative with virtually no desirable effects. He also discovered a strange fact: to be curative, a similar remedy had to be prepared by a combination of serial dilutions and successions and the higher the dilution the greater the potency of the remedy. Thus he established the second principle of Homeopathy that of "potentisation".

Thus Homeopathy is based on the principle that symptoms are often consequence of the body's resistance mechanism working to repel an attack and that far from seeking a way to suppress symptoms, it may be desirable to take some form of treatment calculated to help resistance.

Homeopathy like most other traditional medicines not only looks for symptoms, but also the patient's personality and constitution (physiological and psychological as manifested in temperament and disposition). Even their likes and dislikes are taken into consideration. The remedies are derived from herbs and minerals. There are over 2000 medicines which have plant sources, but these plants often are not available.

There are now 122 Homeopathic Medical Colleges in India with an intake of 7500 students a year. There are about 30,000 qualified Homeopaths, 80 hospitals, and 2000 dispensaries.[34]

INFLUENCE OF TRADITION ON HEALTH CARE SYSTEMS

Health, illness, and medical systems are not isolated from the culture, customs and habits of the people. They are integrated into a complex net work of beliefs, values, and attitudes that are part of the culture of the community. Every society since time immemorial has responded to the challenges of sickness with its own beliefs and practices. Indian system of medicine is very much rooted in the culture and habit of the people. Different traditional medicines were practiced in India much earlier than allopathic medicine. Some of the medical systems like Ayurveda was much advanced and based on sound principles. It's effectiveness is unquestionable. Ayurveda prescribes the way of life, with certain daily routine, ethical routine, diet and sexual gratification for promotion of health. It explains the art of living, science of health, and philosophy of life and aims at attaining ideal physical, mental and spiritual health. So Indian medicine has a holistic approach. The treatment is based on deep observation, understanding of nature and environment. With the arrival of allopathic medicine, the Indian system of medicine was thrown to the "backseat" jeopardising its further growth. In this context it is important that we consider the interacting influence of culture on healing and health. We need to realize that illness is a product of the whole person and is affected by the cultural setting. So for medicine to be more than just the application of techniques, the patient's culture should

There are now 122 homoeopathic medical colleges in India with an intake of 7500 students a year. There are about 30,000 registered homoeopaths, 30 hospitals, and 4000 dispensaries.[34]

[illegible]

Health, illness, and medical systems are not isolated from the environment, including the people. Just as [illegible] have a complex interrelationship with values and attitudes and are [illegible] and changes of the community. What medicine works [illegible] and medicine is the combination of elements which [illegible] and patients but [illegible]. Indian people [illegible] social in the medicine they depend on the people. Different [illegible] and medicine [illegible] in India, Indian [illegible] different medicines. Some of the medical systems like Ayurveda are much [illegible] and based on [illegible] principles. They [illegible] medicine. Ayurveda prescribes the way of life, with certain [illegible] medicine [illegible] and [illegible] prescribing [illegible] promotion or health. It prescribes the art of living, diet or health, and philosophy of life including an attempt that physical, mental and spiritual health. So Indian medicine has a holistic approach. The treatment is based on deep observation, understanding of nature and environment. With the revival of allopathic medicine, the Indian system of medicine was known to the "backward" population [illegible] further growth. In this context it is important that we [illegible] the interrelation between [illegible] on health. We may to realize that illness is a process of the whole person and is affected by the culture and [illegible]. So for health [illegible]

be understood from the holistic point of view. The disease oriented approach neglects the holistic aspect.

Inter-relationship of culture, disease pattern and treatment

Tradition, culture, belief and value has a great influence on disease as well as the type of treatment. The accepted value systems of a culture are deeply ingrained and people strongly adhere to it.

The pattern of life, activities, leisure, food habits, day to day care of the body and so on differs between cultures and this influences the course of illness and treatment. Childhood bringing up, parent-child relationship and inter-dependence vary from culture, to culture, influencing the mental and emotional make up of the person, which has also an impact on health. The type of illness differs, for people with different food habits. Living facilities, environmental sanitation and water supply can greatly influence the health status of the people. Thus there is a direct relationship between culture and illness. Abrupt deviation from accustomed practices and the way of life can affect the individual emotionally and psychologically. About 90% of illness as we understand, are caused by stress due to conflicting values, adjustment difficulties and so on. So the healing process also will be enhanced when the therapeutic practices respect the values, customs, and beliefs of the people. It is clear that there is a great relationship between cultural habits, environment, social structure, and disease pattern. The culture determines how he thinks, feels, acts, worships, dresses, and so on. Also each culture respects and accepts certain values, attitudes and beliefs. So, in health promotion the Social

Structure, and the cultural way of life of the community must be taken into account and utilized.

Relevancy of multi systems of medicine: Undoubtedly Indian medical culture has changed significantly as would any customs and culture with the advances that have taken place in the world. India with its numerous contacts with the outside world has a mixture of medical systems and healing remedies that have been in practice for hundreds of years and have become part of its culture. So with this pluralistic medical experience, the monopoly of one system like the modern system of medicine is not the answer for India's health needs. Efforts need to be directed towards tapping the experiences and wisdom of traditional medical system. What is good needs to be preserved and developed despite its antiquity.

It is evident that there is great correlation between culture, health, disease and healing and it affects the way the patients seek for therapy and the practitioner offers it.

SOCIO-ECONOMIC ASPECTS OF HEALTH CARE

While discussing about the practice of various systems of medicine and the need for collaboration and co-operation we must look at it also from the socio-economic point of view. Why is it important in India's context and how does the socio-economic situation demand for collaboration of various systems of medicine?

The inter-relationship of the indigenous and Western system of medicine are the function of the interplay of social, economic, and political forces in the community. A comprehensive understanding

of the society is important to understand the health care system. The health of a patient and of his/her social group is primarily dependent on social structural change taking place and the socio-economic conditions have a crucial impact on health and disease.

Social aspects of illness: The social aspect of illness was recognised by the traditional medical system. They believed in the close relationship of illness, medical care, and social life. Health maintenance was considered as the responsibility of individuals and the community. In fact the Ayurvedic practitioners were closely related to the society in which they lived and practiced. They were considered as a friend, philosopher, and guide and people sought advice not only in medical matters but also on other matters like-social, cultural, economical, or political. The physicians did not charge any fees but the people generously compensated them for the service.

Today in modern medical practice the specialists fail to realise the sociological view of illness. They view illness as a deviance from a biological norm of health and feeling of well being. The social aspect of illness that man is also a psychological and social being, belonging to family and larger social context is not given adequate emphasis. Often they are accused of dealing with only the patient's physical disease, rather than with the healing of an ill person. The hospital oriented health care has further contributed to this social isolation. With the advanced sophisticated Western technology, the doctor patient relationship has suffered. The patient is transported from one department to another for

therapeutic and diagnostic procedures reducing the doctor patient contact. Thus with the arrival of Western system of medicine the social aspect of medicine has received less importance.

Social life and environment also greatly contribute to sickness. A happy and well adjusted person is less likely to get sick. Social contact and social relationship is important to health and healing. It also means that medicine and medical treatment must always be seen in the contaxt of human interactions and cultural understanding as a whole. Medicine must aim at curing the sick person and not merely the disease. The giving and receiving of health care enriches social life and promotes social relationship. The patient who is well cared for feels indebted to the community which provided it and mutual relationship is strengthened.

Sickness or normality is judged mainly from social environment and may differ from one social group to another. Actually whether a person gets sick and what kind of treatment he receives, depends largely on social factors. So the doctor cannot treat the patient in a vacuum but as a person with a specific social history. In the formulation of health policy and planning all these aspects need to be considered. The medical science has to recognise that, illness behaviour is the product of the whole person and that in any cultural setting an individual's behaviour arises out of organic, social, and psychological processes. Indian systems of medicine emphasise this aspect and this should be revived in today's health care system. One of the shortcomings of modern medicine is its lack of development as a social service. It has developed along the line of science and

technology while traditional medicine developed in social activity. Dr. V.T.H. Gunaratne, Regional Director, WHO in his address to the participants of the seminar on Traditional Medicine in South-East Asia, said:

> The relationship between physician and the patient is particularly important for the success of health programmes. This relationship is not impersonal as between an infection and a drug. It is a relationship between two human beings - the sick on the one hand the person endowed with the knowledge required to treat him on the other - both belonging to the same society. The physician should be close to the culture of his society and serve as a natural attorney to handle health and social problems. 35

We have to acknowledge the fact that since a long time a small section of the medical profession have repeatedly tried to bring about a change in medical thinking. It is through such efforts that the term social medicine came into being. According to these physicians, the purpose of social medicine was to study human beings in relation to the rest of the society, and to pay particular attention to those social and economic forces which directly or indirectly affect health. The recent emphasis on community health medicine and the introduction of community medicine department into medical college was based on these principles. However, we have not focussed enough attention on poverty and exploitation as a real reason for ill health.

<u>Economic aspect of illness and treatments</u>: Looking from the economic point of view we can see that modern medical care is not accessible to a great majority of India's masses. Our health services are ineffective and inadequate.

TABLE 1

HEALTH - SIXTH & SEVENTH PLAN OUTLAYS

(Rs. Crores)

SL. NO.	PROGRAMME	1980-85 STATES	1980-85 CENTRE & U. Ts.	1980-85 TOTAL	1985-90 STATES	1985-90 CENTRE & U. Ts.	1985-90 Centrally Spons. progs.	1985-90 Central Scheme	1985-90 TOTAL
1.	Minimum Needs Programme for Health	408.46	168.50	576.96	1063.35	33.00			1096.35
2.	Control of Communicable diseases	235.00	289.00	524.00	474.67	521.50	16.50		1012.67
3.	Hospitals & dispensaries		45.00			-	65.75		
4.	Medical education & Research		62.00			-	75.51		
5.	Indian Council of Medical Research					-	100.00		
6.	Traditional Systems of Medicine & Homeopathy	576.59	29.00	720.09	937.53	3.25	40.00		1283.87
7.	Employees State Insurance Scheme					-	-		
8.	Others		7.50			-	41.83		
	TOTAL	1220.05*		1821.05	2495.55	557.75	339.59		3392.89

* This includes Rs.193.50 crores towards 50% State share for Malaria Control Programme.
5 & 7 do not form heads of expenditure in the Sixth Programmes Plan outlay.

Source : GOI, Planning Commission, Sixth Five Year Plan 1980-85 (New Delhi : Planning Commission, 1981), Annexure 22.1, pg. 382;
GOI, Planning Commission, Seventh Five Year Plan 1985-90, (New Delhi : Planning Commission, 1985), Annexure 11.1, pg.288.

The most pressing problem of India is poverty. As mentioned elsewhere 45% of India's population live below the poverty line. Malnutrition, lack of safe drinking water, poor sanitation, etc. are the major causes of illness. The inaccessibility of health care and less emphasis on preventive medicine contribute further to the miseries of the poor. Now the question is, in such a situation, is the present sophisticated modern health care system an answer? Governmental financial outlay is meagre. The pattern of resource distribution in the Sixth and Seventh Five Year plan is shown in Table No. 1.

Health being a state subject, much of the plan allocations made by the Centre are given to the states in the form of grants and wholly or partially centrally sponsored schemes. The curative and control components (family welfare programmes and control of communicable disease) are dominant in budget priorities. Most of the governmental outlay goes to medical education, building of hospitals and modernisation of hospitals, which cater to the urban rich.

Many people living in rural areas who need the medical care the most are forced to resort to home remedies or indigenous medicines. It is agreed that Ayurveda is less expensive and more accessible for the poor. Conclusions of a study group "Madras inquire"(shown elsewhere) was that indigenous systems are more economical. However, because of the commercialisation of herbal medicine, the cost of herbs has gone up and the prices of Ayurvedic drugs have also increased. Homeopathy, Naturopathy and other traditional systems are less expensive as well as some of the effective home remedies. Of course, there are some herbs which are easily available in villages and are effective especially for

minor ailments. It is also a fact that there are over 3,00,000 traditional practitioners in India. A major part of the health problems can be solved if all these rich resources are utilised. But the governmental policy and organisation are inadequate.

Poor financial allocation is also a factor. As we saw previously there is a lot of disparity in the allocation of financial resources between traditional and allopathic medicine. With this step-motherly attitude we cannot expect any advance in traditional medicine.

It is important that the long neglected system be put to life, giving equal status and facilities in order that the people may gain the benefit. There is an absence of parity in the status of traditional and allopathic practitioners and discrimination in every sphere.

WHO ON "NEED FOR DEVELOPMENT OF TRADITIONAL SYSTEM OF MEDICINE"

Until little more than fifteen years ago the medical world was in a euphoric stage with all the developments that had taken place. It was systematically winning the battle against diseases. Diagnostic and therapeutic techniques were advancing. Introduction of cortisone was thought to be an answer to many problems. But during the last few years many new diseases began to appear on the horizon, crippling arthritis, mental illness, heart disease and cancer were on the increase. Control of one organism brought in another and the side effects of drugs were also on the increase.

The increasing inequality and exploitation all over the world made the victims of exploitation more miserable. Traditional medicine which once enjoyed self sufficiency was drawn into the back ground.

WHO and many of the countries in the world drew attention to this situation. WHO headquarters took a keen interest in the promotion

of traditional systems of medicine.

> The fact that there are very few places in the world where traditional healers are not practising, means that a form of health care coverage that is culturally acceptable to the local population already exists and is dealing more or less satisfactorily with many of the health problems of the local people. It was in view of this fact that the world health assembly in May 1976 first discussed seriously the contribution that traditional medicine makes to the health care of the community 36.

Alma Alta declaration (Health for All by Year 2000) was signed by many countries. This has influenced them to commit to the goal. How countries can make health and medical care available to all became the concern.

WHO stressed the importance of primary health care a nd the need for developing the traditional medical systems. A new sense of urgency emerged. The old debate between advocates of scientific excellence and the champions of minimum effective coverage has been greatly resolved.

In their wishes, the founding fathers of WHO proposed a definition of health as physical, mental and social well being. This fits well with the outlook of Ayurveda. WHO also has stated the various degrees of inter-system relationship and the importance of maintaining a good relationship between official and traditional health care practitioners.

A program to co-ordinate the various activities relating to traditional medicine was prepared at the WHO headquarters with the following objectives:

1. Foster a realistic approach to traditional medicine so as to promote and further contribute to health care.
2. To explore the merits of traditional medicine in the light of modern medicine so as to maximise useful and

effective practices and discourage harmful ones.

3. To promote integration of proven valuable knowledge and skill in traditional and modern medicine.

Thus a world wide interest in the revival of traditional medicine and desire for collaboration is seen.

INDIA'S NATIONAL HEALTH POLICY AND GROWING INTEREST IN THE DEVELOPMENT OF TRADITIONAL SYSTEM OF MEDICINE.

While dreaming of a multi-system health care for India, in addition to identifying the traditional systems of medicine, it is necessary to examine existing policies.

The allopathic system of medicine in India as is seen was imported from Britain to cater to the British troops and few Indian elite groups. After Independence the Western oriented leaders took over the responsibility for the planning and operating of health care service which was meant to cater for the entire population. Although India had committed to the promotion and development of indigenous system of medicine, the subsequent advancement in medical care showed that the health planners were partly unaware of the realities of the country's health problem. An increasingly sophisticated and personalised type of curative care was the result. Naturally a great majority of India's population were deprived of even the basic minimum of health facilities.

India's positive response to the Alma Alta declaration and the Asian Charter brought home to the policy makers the need for a revised health plan. The government finally adopted a new national health policy in 1983, and recommitted to the goal.

India is committed to attaining the goal of 'Health for all by the year 2000 AD through the universal provision of comprehensive

primary health sefvices. (National Health Policy - para 5)

The Draft on "National Health Policy" after making a statement on constitutional ideals recalls the rich and centuries old heritage of health sciences and its holistic nature. The National Health Policy also comments on the need for population stabilization and medical and health education, oriented to the community health needs and priorities, giving emphasis on preventive, promotive and rehabilitation aspects. The policy recommendation favours the incorporation of indigenous practitioners into national health service and development of an integrated medical care system.

> The country has a large stock of health manpower comprising of private practitioners in various systems, for example, Ayurvedic, Unani, Siddha, Homeopathy, Yoga, Naturopathy, etc. This resource has not so far been adequately utilised. The practitioners of these various systems enjoy high local acceptance and respect and consequently exert considerable influence on health beliefs and practices. It is, therefore, necessary to initiate organised measures to enable each of these various systems of medicine and health care to develop in accordance with its genius. Simultaneously, planned efforts should be made to dovetail the functioning of the practitioners of these various systems and integrate their services, at the appropriate levels, within specified areas of responsibility and functioning in the over-all health care delivery system, specially in regard to the preventive, promotive and public health objectives. Well considered steps would also require to be launched to move towards a meaningful phased integration of the indigenous and the modern systems.37

Revival of Indian systems of medicine has been the subject of discussion at various committees from time to time. The government had taken certain steps to standardize the practice of traditional medicine:

1. A Central Council of Indian Medicine was established by the Government by an Act of Parliament to evolve a uniform standard of education and to maintain a Central Register.

The council has prescribed minimum standards of education for Ayurveda, Siddha and Unani.

2. Post graduate institutions: Besides two fulfledged post graduate institutions in Ayurveda, in Varanasi and Gujarat, there are fifteen post graduate departments in Ayurveda, two in Unani, and two in Siddha in various states. There are also other colleges run by voluntary organisations.

3. A Central Council for Research in Indian medicine and Homeopathy was constituted and this Council has established several research institutions for carrying out multi-disciplinary research. Apart from these, over 120 research schemes are functioning in different parts of the country.

4. A Standard Ayurvedic Formulary for 444 compound formulations has been published. 38

Various hospitals and dispensaries have been established, both government and private. In U.P., West Bengal and Kerala, government has initiated equal remuneration for qualified indigenous practitioners. Besides these modest developments there are no clear strategies for radical changes and also there is a lack of any sense of urgency. Hency the policy makers need to be alerted to dream of a health policy for India incorporating all the various systems of medicine giving equal status and importance.

A MULTI SYSTEM INCORPORATING VARIOUS SYSTEMS OF MEDICINE SEEMS TO BE THE HEALTH CARE SERVICE SUITED FOR INDIA.

We have seen the complex and complicated realities of medical systems in India. The various medical systems have great resources

in the form of knowledge, material and manpower and some of those systems have been deeply rooted in Indian soil. The government officially recognises Ayurveda, Siddha, Yoga, Naturopathy, Unani, Homeopathy and Tibetan medicine. All these contain some scientific elements which will surely make a greater contribution to the people of India if only we develop it and give its rightful place. But we know that the Allopathic system of medicine has been enjoying a monopoly over other health systems in India. It is clear that Allopathic medicine alone cannot meet the enormous health needs and it has its own limitations.

The various systems of medicine practiced in India are complimentary, rather than being antagonistic. I would like to quote here again, Dr. Mahler's words. (WHO)

> For too long, traditional medicine and modern medicine have gone their seperate ways in mutual antipathy. Yet are not their goals identical to improve the health of mankind and thereby the quality of life? Only the blinkered would assume that each has nothing to learn from the other.

It is time that we stop debating about the superiority of one over the other and put away all prejudices and self interest and work together to develop a comprehensive system of medicine for attaining the health needs of our people.

As we have seen, the allopathic system was introduced into India only in the early nineteen hundreds, and its popularity spread quite rapidly. The allopathic practitioners organised themselves into regional and national associations and established formal courses. They received government patronage and criteria was developed for certification and licensure. No doubt they are the

leaders in the field of specialization and continuing education. As the allopathic system grew and developed, it was subdivided into several disciplines, e.g. surgery, medicine, obstetrics and gynaecology, pediatrics and psychiatry. The sophisticated training and research led to superspeciality and use of complicated diagnostic and therapeutic equipment. Thus allopathy became the major health care system in India.

The arrival of allopathic medicine also has brought with it many advantages. Many of the emergency measures and, techniques are life saving. The advances in surgery have contributed greatly to health care. But there has also been much misuse. Unwarranted surgeries and over medication is not uncommon. A pill for every ill is the maxim. There are instances where the allopathic system of medicine has used drugs which produced very harmful side effects, like the Thalidomide Catastrophy and other problems due to many other drug combinations.

While acknowledging the contribution allopathic medicine has made for our country, let us also look at the place of traditional medicine in India's health care system and its specific contribution.

Traditional medicine has played a very important role in health care and the general well being of our people and it is continuing to do so. We have seen some of the advantages of traditional systems over modern system of medicine, like less side-effects, lowcost and the holistic approach. We must make use of all the available resources, material, financial and manpower. The lowcost medicines based on local preparations are devoid of side effects, and are more suitable for our country with majority of

people whose per capita income is lowest in the world.

The holistic approach to health care has been known to be the special characteristic of Indian medicine. A broader view of the sick person with physical, social, psychological, moral and spiritual aspects have been appreciated. It is believed that traditional practitioners devote more time to their patient and thus can develop good patient doctor relationships. Besides being part of the community, the traditional practitioners have good acceptance of the people. Some of the systems like Ayurveda, Naturopathy, and Yoga give emphasis to a healthy way of living which contributes greatly to the prevention of illness. Good physical, moral, and spiritual life is encouraged. The ecological approach to health management provides a better understanding of health problems and better therapy. Group therapy and socio-cultural practices helps to correct personality disorders. Thus Indian traditional medicine has a good element, the holistic approach.

Despite the official neglect by the government, traditional medicine is still widely practiced with good effect. This reveals its effectiveness and people's preference. Organisation and utilisation of manpower resource of the traditional systems of medicine is important. Even those practitioners who have no official qualifications, but have been effectively practicing, can be organised and directed for better utilisation. The success in training the traditional birth attendents and integrating them into the rural health team is a good example of this. It is seen that traditional medicine is surely effective for certain ailments which are termed incurable by modern medicine. It will be an interesting study to persue.

Some of these specific features of traditional medicine speak for its persistance inspite of the popularity of allopathic medicine. This does not in any way imply the rejection of allopathic medicine. We have seen that both these systems of medicine are important and needed for India's total health care coverage. These two schools of medicine should be complimentary and mututally supporting.

The aim of medicine is improvement of humanities health and assurance of quality of life. Primary health care philosophy provdes a good basis for pooling of all healthful community resources for the promotion of the people's health. In terms of "Health for All" the evaluation of any system of health care will be based on:

1. Social equity.
2. Appropriate technology.
3. Principle of accessibility and availability to most people.
4. Socio-economic development.
5. Social committment.
6. Collective or team involvement.
7. Community participation for development and self reliance.
8. Quality of life.
9. Social values and constraints.
10. Social receptivity.
11. Heavy reliance on local resources.

The emphasis on selfreliance, social values, use of local resources and community participation in the evaluation criteria states the importance of utilising traditional medicine in the health care system.

In a heterogenous society like India's, interaction, collaboration, and co-operation between systems of medicine is important. Harmonious co-existence and mutual support will benefit greatly the Indian population and will give a complimentary effect to India's health care system. The prevalence of many systems of medicine in our country has given us the opportunity to use any type of medical system. As we saw, the government has taken a few steps in promoting traditional systems of medicine. But there is a long way to go and the job is not an easy one. The state should take steps in formulating policies, to recognize and promote the use of traditional medicine and to integrate the various systems of medicine into India's health care service.

CHAPTER III

EXISTING REALITIES OF HEALTH CARE AND THE PROBLEMS OF INTERACTION, INTERSYSTEM RELATIONSHIP AND CO-OPERATION

EXPLOITATIVE NATURE OF HEALTH SERVICE

Urban oriented health care services;
Western system of medicine and the rising cost of health care; availability and accessibility problems;
Medical care as a threat to health.

PROBLEMS OF INTERACTION, COLLABORATION AND CO-OPERATION BETWEEN VARIOUS SYSTEMS OF MEDICINE

NEGLECT OF THE TRADITIONAL SYSTEMS OF MEDICINE

CHAPTER III

EXISTING REALITIES OF HEALTH CARE, PROBLEMS OF INTERACTION, CO-OPERATION AND RELATIONSHIP BETWEEN VARIOUS SYSTEMS OF MEDICINE

This chapter gives an assessment of the present health care system and the problems of interaction between various systems of medicine, inter-system, relationship and co-operation. India's health care problems are to be seen in relation to its socio-cultural, economic and political background. Some of these problems are identified and the main features are discussed.

The Constitution of India promises the right to health. "It aims at the elimination of poverty, ignorance and ill health and directs the State to regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties".

Despite all the progress in medicine and the successive Five Year Plans to develop a comprehensive health system, the health facilities have not reached the rural poor.

Majority of the people live in profound poverty and they have limited access to the basic elements of health care, such as food, shelter, safe water and hygenic environments. They have a lion's share of sickness and other related misfortunes. Most vulnerable among them are women, children and the aged. Poverty is the primary cause of disease.

In India, only one village out of 10 has safe drinking water (Bitter Pills : by Diana Melrose). About60% of the diseases are water borne, malnutrition is another major cause of disease in India. The existing inqualities in wealth and power which is an aftermath of colonial rule, has intensified considerably, affecting the health of a good majority.

EXPLOITATIVE NATURE OF HEALTH SERVICE :

The health services in India have no doubt been influenced by colonial domination and the imperial policy of exploitation and expropriation meant to cater to the British nationals and a few privileged Indians. This Western value gave shape to our health system with entire focus on curative and clinical medicine. This sudden shift from the traditional health culture to complex Western health culture has caused a complete disruption of pre-existing health practices which were based on the Ayurvedic principle of "health as a way of life".

As far as Western countries were concerned, allopathic medicine was founded on a well established sanitary system and other public health measures. So they could concentrate on pure curative and personalised medicine. Whereas in developing countries like India the environmental sanitation was far from adequate and safe drinking water was scarce. Preventive and promotive medicine was a priority need which allopathic medicine did not emphasize at the time. Besides allopathic medicine catered to only a small proportion of the population. Thus the Western health system unsuited to India's health needs and cultural background, established itself disrupting the development of traditional medicine. Thus undevelopment in health care is not an original phenomenon but an induced state through colonisation and exploitation.

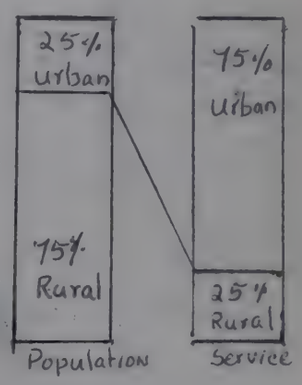
Urban oriented health care services: India's health system has grown in disregard of the country's priority need. Urban-rural inequality in health services is a perpetuation of the spirit and value of

Capitalism and Colonialism. A large disparity exists in the delivery of rural health and medical care. The following figure shows an approximate estimate of percentage distribution, in rural and urban areas.

FIGURE I

Urban/Rural Inequalities (%)

	Urban	Rural
Population (1981)	23.7	76.3
doctors (1961-1971)	70-80	20-30
nurses/ANMs (1971)	60	40
hospitals (1981)	73.9	26.1
dispensaries (1981)	20.2	69.8
hosp./disp. beds (1981)	83	17



SOURCE : George Joseph, et al "Health Care in India" Centre for Social Action, 1978, pg. 59.

Assessment of our health facilities and their present distribution and health coverage shows that less than one-fourth of the population gets about three-fourth of all the facilities which means the urban population enjoys eight times more of the facilities. The doctor-patient ratio also differs in the urban and rural areas. Several rural areas have no doctors. There is also a disparity between rural and urban areas in the budget allocation. The Foundation for Research in Community Health states that the government spending, per person per year is

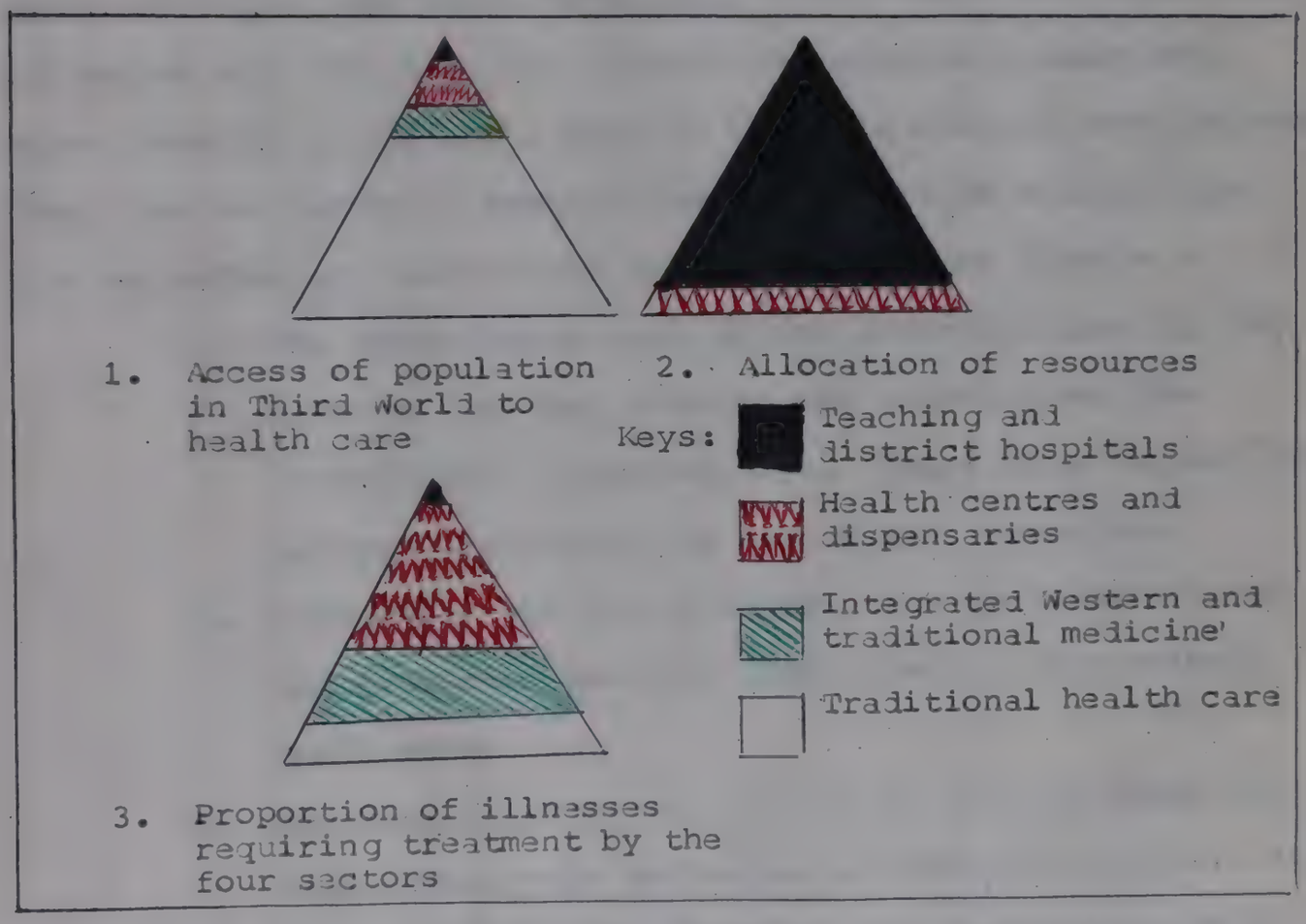
SOURCE : George Jaeger, et al "Health Care in Italy" Centre for Social Action, 1973, p. 54.

rupees 161 for the urban population and rupees 16 for the rural population. Most of the urban expenditure by the state directly goes for medical relief. The rural expenditure however sinks with the preventive, promotive services, mainly family planning. Rural water-supply, sanitation and so on are very much neglected. 40

The following figure shows the access of the population to health care in third world. India's condition is no better.

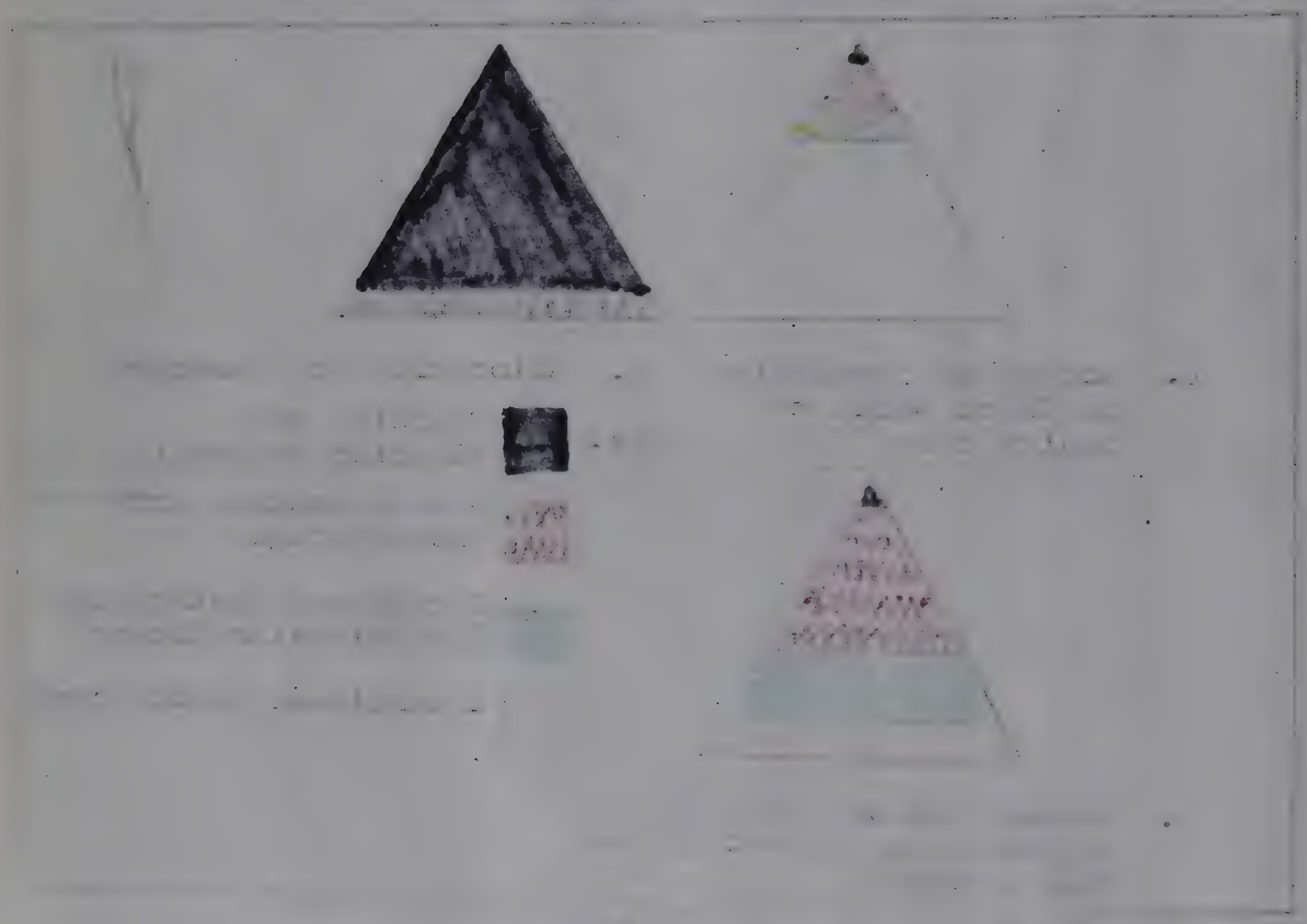
FIGURE 2

HEALTH CARE IN THIRD WORLD



SOURCE : Health care in the Third World
A new policy for VSO, April 1979

So it is clear that seventy to eighty percent of India's population does not have access to even the basic health care services.



<u>Privatization of Health Facilities</u> : The distressing health situation is not only due to the inadequate and inequitable health services, but also many other interconnected reasons. The growth of the state health sector has not kept pace with the needs of the population. Compared to the growth of the private health sector, the growth of the state health sector is very low. The government lets the private practice of modern medicine flourish. In 1974, 16% of all hospitals were in the private sector, but in 1984, the private hospitals have grown to 42% of the total hospitals. This means that availability of health care for the poor classes who constitute more than three fourths of the population is becoming more and more expensive. They have to resort to competitive and expensive medical care. The following are some of the other exploitative aspects :-

1. The whole health care system is manipulated by the powerful and they control the planning and the distribution of health care. There is an unjust and uneven distribution of health care resources.
2. Commercial and vested interest by the manufacturers and professionals have commercialized the medical profession.
3. The drug industry in India is in private hands and they devise ways and means of increasing profit and push all kinds of irrational and unessential drugs. The poor are encouraged to buy tonics and vitamins, while, what they need is proper food.
4. Allopathic medicine has made such a rapid - progress in recent times, with high technology and sophistication that it is beyond the means of the bulk of the people.

5. Private hospitals and nursing homes with modern facilities, expensive diagnostic and therapeutic equipment are mushrooming, especially in the urban areas without any restriction.
6. By their training, life-style, ideas and values the modern health professionals are alienated from the rural masses. Only a small minority of poor or middle class have access to the medical schools as a capitation fee amounting to two to six lakhs is the criteria for medical entrance in ninety percent of the private medical colleges. Hence, the number of medical professionals motivated to serve humanity is limited.
7. Financial outlay for traditional medicine is comparatively low, thus discouraging its further growth and development.
8. The marketing techniques of commercial enterprises are being used in health care. The excessive advertisement of medicine suggesting its use for various illnesses leads to self prescription and misuse of drugs.
9. Because of the availability of sophisticated diagnostic equipment, unnecessary diagnostic procedures are carried out.

<u>Western system of medicine and the rising cost of health care : availability and accessibility problems.</u> With the introduction of Western or allopathic system of medicine, the access of the poor to the health care system was further reduced because of its rapid developments with the resultant increase in the cost.

In the history of Western medicine in India, we have seen how Western medicine was introduced into India's health care system. Before we discuss its cost effectiveness, we will briefly look at its popularity, rapid development and its influence on India's health service.

> The organised health care system termed "allopathy", "modern scientific" or "Western" medicine established with the scientific justifications and specific qualifications, only within the last hundred years. It is only within the past half century that due to the growth and adaption of scientific method, the allopathic practice of medical care has bloomed. Rapid development and application of methodologies for accurate measurement of clinical findings have characterized this growth phase. [41]

Allopathic system of medicine, no doubt has contributed greatly to the advancement of medicine and health care of world's population. Development of accurate and senstive analytical measurements and diagnostic procedures, application of principles of physiology, surgical procedures and therapeutic measures are indeed great achievements for the bettering of health. The recent emphasis on preventive, promotive and rehabilitative care are great contributory factors in health improvement. Ongoing research and specialization gives greater scope for advancement in health care. The allopathic system has organised itself and established itself in firm ground.

itself in Elm Grove.

Even with all the advancement and miracle cures, a certain amount of disenchantment with allopathic medicine is experienced in recent times. It is losing the confidence of the masses as they are becoming aware of the ill effects and disadvantages this modernization has brought in. There seems to be much deviation from the social and community aspect of medicine. Individualized, disease oriented, and curative type of practice is seen. Doctor-patient interaction is often minimum, and this is more so in the case of specialists. Because of the time constraint they often leave the history taking and simple examination to their assistants or junior physicians. The specialists are often unaware of the patients socio-environmental situation which contribute to the illness. At times it may be the entire cause of his illness. We can not deny the fact that a certain degree of inhumaness has crept into medical profession because of the lack of personal attention and doctor-patient interaction.

Doctor-patient interaction involves individual identification, his education, employment, economic status, family life, etc; which have an impact on the individual's recovery. The style and duration of consultative activity is important. Often the physician is confronted with large numbers of patients and no time to give adequate attention.

Another distressing factor is the commercial orientation of allopathic medicine. With the development of advanced and complex equipment there is a tendency for its overuse. Even for simple ailments, complicated and expensive tests and procedures are carried out which makes the system inaccessible to the poor people. Multiplication of health facilities and competition have

become part of allopathic medicine. But these sophisticated health facilities are available only in urban areas where only a minority live.

The drug industry is another area where there is much exploitation. Multinational and National Companies produce any amount of drugs, with thousands of brand names. The drug companies have much influence over doctors and they push their products by offering samples, gifts and other attractive ways. Unscientific and non restricted advertisements are misleading to the public. Cosmetic and attractive packing lead to increase in price. Price of essential drugs is highly inflated. All these make health facilities inaccessable and unavailable to millions of people. There is no appropriate policy or provision for control of this exploitation.

Cost effectiveness and result effectiveness of indigenous drugs is praised these days. Some systems like Homeopathy and Naturopathy are definitely less expensive. Even though Ayurveda is said to be expensive compared to the sophisticated allopathic medicine, it is less expensive.

Several methods of payments are in vogue. The doctors consultation fee is often very high. As there is no standardized rate, each consultant charge as they please. In case of "third party" payment through insurance schemes, the doctors do unnecessary tests and treatments as the patient is not concerned about the cost. In the private sector, doctors are paid enormous salaries. Thus the medical expenses are daily on the increase.

Medical care as a threat to Health : It is only appropriate here to look at the limits of professional health care before talking about the practice of various systems of medicine and problems confronting its co-existence and mutual relationship.

A sense of superiority has been built in with the medical systems and there is a mystification of medicine. Professional and physician based health care system has grown beyond any restriction or quality assurance.

Ivan Illich in his book "Limits to Medicine" speaks of the changes in disease pattern unrelated to medical competence, despite intensive research, we have no complete explanation for the genesis of these changes. But two things are certain, the professional practice of physicians cannot be credited with the elimination of old forms of mortality or morbidity, nor should it be blamed for the increased expectancy of life spent in suffering from the new diseases. For more than a century, analysis of disease trends has shown that the environment is the primary determinent of the state of general health of any population. 42

Then he goes on to explain the damage done by medicine to the health of the population. Medicines have always been potentially poisonous, but their unwanted side-effects have increased with their power and wide spread use. Every 24-36 hours, from 50-80% of adults in the US and UK swallow a medically prescribed chemical. Unnecessary medication and unnecessary surgery is very common. Iatrogenesis of allopathic practice is often heard. Operating on the wrong eye, removing the wrong limb are often reported. Hospital induced infections are not uncommon.

Lately people are alerted against the pitfalls of medicine. Newspapers and magazines are full of reports about medical

negligence and malpractice suits.

Institutional medicine is another way of exploitation. Unethical advertisement to attract customers as well as super-facilities are provided. Birth, sickness and death no more take place at home. The cost of health care has rocketed high which keeps the poor away from health facilities.

With the multiplication of medicine there is increasing drug interaction and side effects. Sophisticated diagnostic procedures are being used even for mild illnesses. Some of these procedures are not only expensive but also damaging to health. The health care system itself has become a causative factor of ill health.

PROBLEMS OF INTERACTION, COLLABORATION AND CO-OPERATION BETWEEN VARIOUS SYSTEMS OF MEDICINE

The discussion so far has given a brief overview of the health care realities in India with emphasis on the effect of western systems of medicine on India's health care provisions. Also we have seen how the establishment of modern medicine has affected the development of traditional medicine in India. In this section we will look at the problems faced in incorporating various systems of medicine into India's health care network.

The colonial influence, the subsequent establishment of Western system of medicine and the isolated and compartmentalised development of various systems of medicine speaks for the difficulties in incorporating various systems of medicine in India. Drs. Ravi Narayan and Dhruv Mankad in their article "Medical Pluralism" clearly brings out this view.

While the medical health care system had predominantly developed on the principles and experiences of the allopathic medical traditions, developed in Western Europe and established as a byproduct of Colonialism and British rule in India, the other systems having different historical and cultural roots had continued to exist inspite of official neglect. In post-Independence India there has been a growing interest and support to these systems. However, there has not been consistent planned and evaluated policies for dialogue and integration. Much of what is taking place is based on adhoc decisions, empirical planning, populist politics and the forces of the "market" or of tradition. Practitioners of various systems of medicine have lobbied for more support, more resources, more social or political patronage. Each system has been developing in an isolated, compartmentalised way and health, drug, medical technology, medical education or manpower policies have not as yet begun to adeuqately reflect on the plural realities in India, not withstanding the health policy statements or the recommendations of various expert committees. 43

Even though the Government has taken some initiatives in reviving the traditional systemsof medicine, it gets caught up in the problem of philosophical and technological differences, professional discrimination and years of domination by western system of medicine. Besides there is a tendency to look at indigenous systems of medicine as primitive and unscientific and the practitioners as quacks. There is also an official neglect of the system and lack of State patronage and planned policies. The financial outlay for health care is microsize and allocation for Indigenous systems of medicine is very little.

Lack of Co-operation and Co-ordination : At present the two systems are working in isolation and are at opposite poles. Each one have competitive motives and often tries to put down the other at any opportunity. During my contact with different practitioners, I have observed them asking the patient, "Have you been treated by Allopathy/Ayurveda/Homeopathy (as the case may be) and if the patient responds positively, they blame the other systems for the severity of the disease and hence the inability to cure. This happens within systems also, having a competitive spirit. Thus the people get baffled and confused in assessing the relative efficacy and curative power of each system. There is hardly any cross referral and mutual consultation which would help to utilize the good elements in both systems, for the good of the patients. Even in research studies and educational systems there is hardly any effort in collaboration or combined efforts. In actual practice in Government sector also there is no collaboration and co-operation. Years of co-existence have not in any way contributed towards collaboration and co-operation of various systems of medicine. Hence some positive and concerted efforts need to be taken to bring about co-operation, collaboration, and better inter-system relationship.

Different philosophy and scientific interpretations makes collaboration difficult. The basic principles of each system are very different and a lot of interest and effort is required to understand the viability of each system. Ayurveda for example is based on the philosophy of balance and equilibrium being maintained within the body and is concerned with the 'Tridosha' or the three Humours. This is not digestible for the allopathic

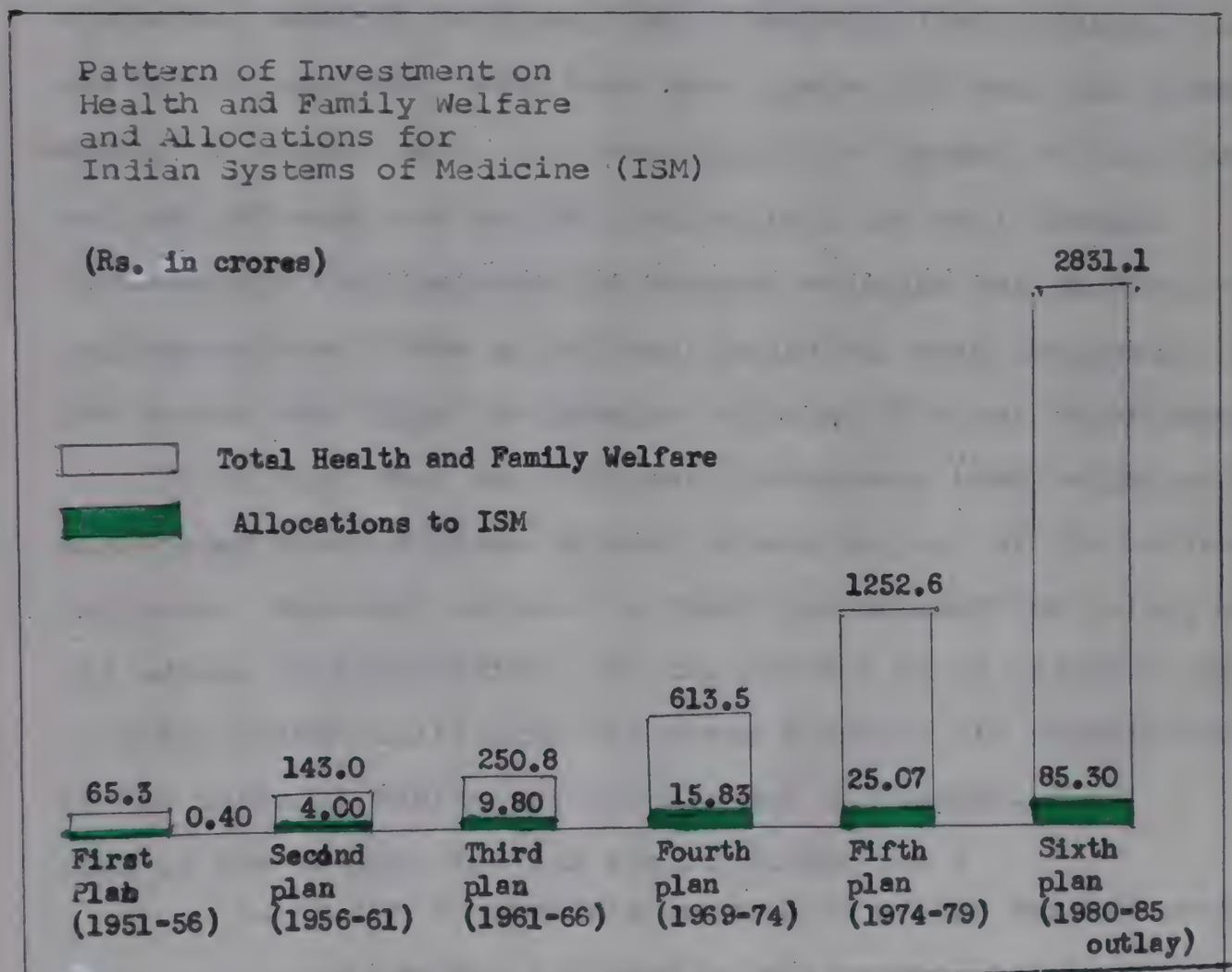
system of medicine which bases it's practice on human anatomy and physiology and its alterations. It is important to understand the uniqueness of each system and its effectiveness in total health care.

From the dominant character of Allopathic medicine and the way it progressively subordinates other systems, it is clear why traditional medicine has passed out of vogue. The rapid development of Allopathic medicine and its capacity to introduce new therapies, gains its popular applause. It quickly gained the State patronage and legitimacy, thus extending its authority on medicine and influencing the health policy of India. The institutions of Allopathic medicine are extensive, well organised and powerful, because of this, the concept of collaboration, interaction, and co-operation is foreign to them. In such a circumstance, it is practically impossible for the traditional medicine to assert itself and come back to its original acceptance, popularity and status. During the last few decades urban population as well as the villagers in India have come to know of the Allopathic medicine and admire the technology, the progress it has made and the quick relief it brings. The traditional practitioners who should be promoting the traditional medicine are also using the allopathic medicine for quick relief inorder to compete with western practitioners. In this process of struggle for survival, they sacrifice their own ancient health knowledge and heritage. The attitude of allopathic medical profession towards the traditional practitioners is one of distrust and discrimination which stand as a stumbling black in its progress. It is afraid of losing its monopoly. So as each of these systems move in opposite poles, co-operation and collaboration become difficult.

Another factor which discourages collaboration and co-operation is the lack of official recognition, lack of mechanism for legitimization and standardization of traditional medicine, and the present health care system which over emphasizes allopathic medicine. The financial outlay of the country also does not encourage the growth of traditional medicine and equal status.

The outlay from 1st plan to 7th plan is shown below:

FIGURE 3

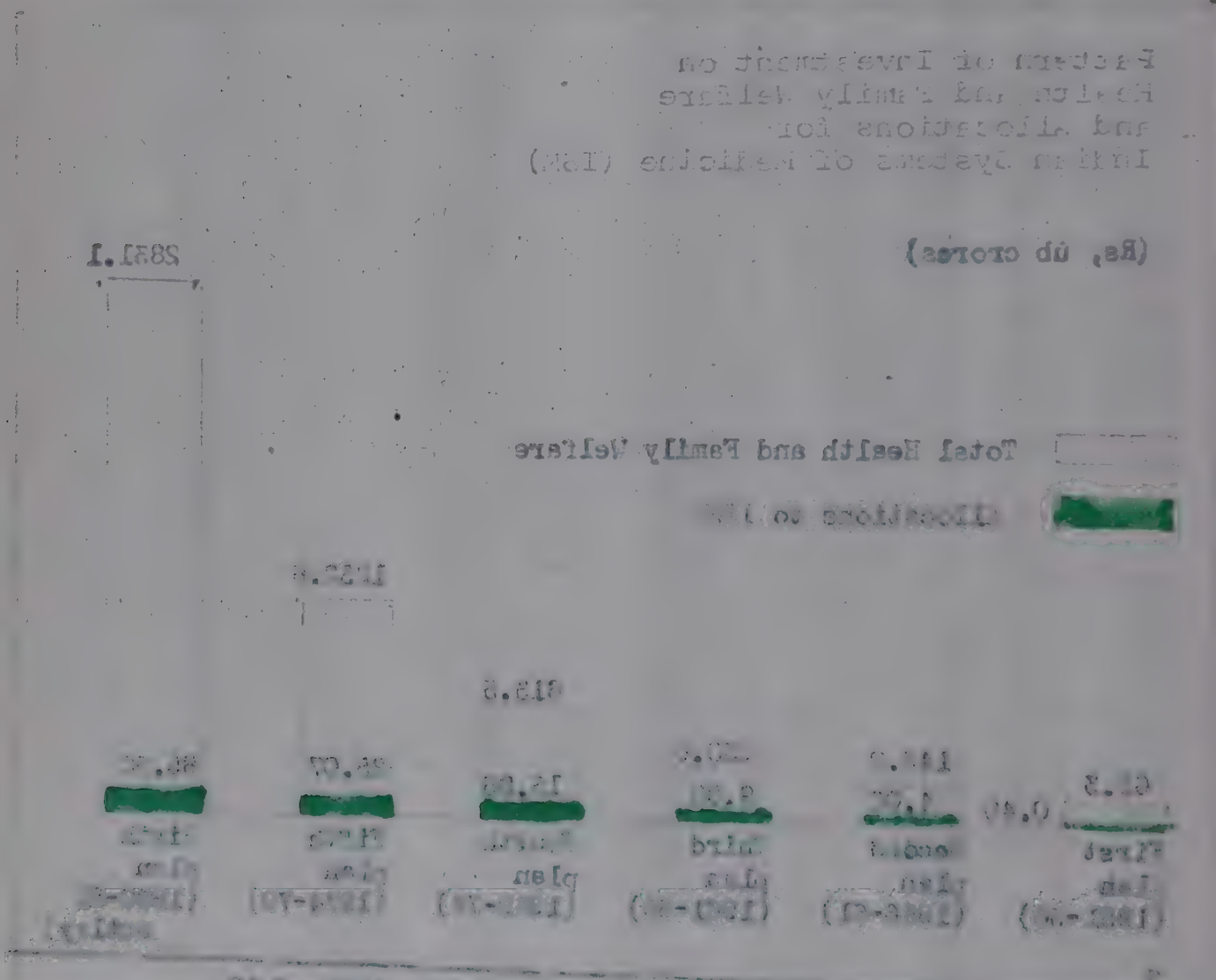


SOURCE : Healthfor Millions Vol.XIII No.3 June, 1987, P.10
Voluntary Health Association of India, New Delhi.

Thus co-operation and co-ordination of various systems poses several problems. But the need for such a move is undoubtedly called for to solve the health problems in India.

Factors of Investment on
Health and Family Welfare
and Allocations for
Indian Systems of Medicine (ISM)

(Rs. in crores)



Source: Health for Millions, Vol.XIII No.3 June, 1987, p.20
Ministry Health (Department of Health), Gov. India.

NEGLECT OF THE TRADITIONAL SYSTEMS OF MEDICINE

We have seen the effect of modern medicine and its relation to health service of India. People were enchanted with the modern medicine because of its quick results, scientific approach and rapid development. But the results are not often long lasting - a recurrence occurs. People in all classes admire the effectiveness of this system to generate new therapies. This in a way has stunted the growth of traditional medicine. "Western medicine has become the medical system of India". A large number of Allopathic Medical Colleges, other teaching institutions, District and Taluk hospitals, etc. have been opened all over the country mainly in urban areas. In comparison, the number of traditional Medical Colleges and health institutions are very little. Consequently the dominance of Western medicine has hindered the legitimization of the traditional medicine, with the result that the latter has failed to acquire a status of equal importance. 44

It is true that the national governments have supported and encouraged these systems to some extent as part of the national heritage. However, there is a great gap between the policy support and actual implementation. In the absence of an organized approach to make optimum utilization of these systems, its contribution to the National Health service can not to ensured.

Some of the reasons for its static stages are :

1. Health care models as well as health service systems are largely based on modern medical and health sciences and the health professionals in these institutions have no knowledge or understanding of traditional systems. These people discourage or even forbid the use of it by patients, saying it is unscientific and ineffective.

2. Most of the allopathic practitioners resist the acceptance of traditional medicine, as part of countries health care system and some of them openly protest against it.
3. Except for a few systems like Ayurveda and Homeopathy, practitioners are in the non-official sector and there is very little utilization of these systems in the national health services. Thus traditional practitioners have suffered from official neglect.
4. Very little headway is made in recognizing the system officially and developing the skills and knowledge.
5. Failure to tap the resources of traditional medicine. Some of the practices are passed on from generation to generation and unless they are written down and preserved, it will die away.
6. There is a sort of contempt for our literature, science, and art and blind admiration for everything Western. So there is a very little effort to preserve and develop the ancient knowledge of medicine and for further research and study.
7. Legal recognition is lacking. For example the medical certificate given by a qualified traditional practitioner is not accepted by the government.
8. To compete with Western medicine, some of the qualified traditional practitioners who should be facilitators and promoters of traditional medicine prefer to administer allopathic medicine to their patients for quick results.

9. Exploitation by drug companies. Cases are reported where companies have collected herbal plants in large quantities for commercial use following research and report about the effectivenss of the herbs.
10. Deforestation has endangered the growth of many of the medicinal plants.
11. There is a financial constraint with the government allocation of funds being very little.

Thus the ancient medical system which looked after the entire health needs of our country has been neglected and had reached practically a stagnant stage. However, there seems to be some awakening recent times and efforts are bieng made by Government, individuals and groups in the use of traditional medicine.

CHAPTER IV

CO-EXISTENCE, INTER-SYSTEM RELATIONSHIP, CO-OPERATION AND SUPPORT BETWEEN SYSTEMS: A POSSIBLE HEALTH MODEL

HEALTHY INTERACTION AND INTEGRATION OF CHINESE AND MODERN SYSTEMS OF MEDICINE : CHINESE EXPERIENCE AS A MODEL

DIFFERENT SYSTEMS OF MEDICINE ARE COMPLIMENTARY AND COMPATIBLE

NEED FOR MORE EMPHASIS ON RESEARCH AND STANDARDIZATION OF TRADITIONAL MEDICINE AND EDUCATION OF THE PUBLIC

MULTISYSTEM AND INTER ACTIVE MEDICINE AS A POSSIBLE MODEL FOR INDIA'S HEALTH CARE SERVICE

CHAPTER IV

CO-EXISTENCE, INTER SYSTEM RELATIONSHIP, CO-OPERATION AND SUPPORT BETWEEN SYSTEMS : A HEALTH MODEL

The three previous chapters have made a survey of the practices of various systems of medicine in India, briefly looking into the historical aspect, the current situation, and particularly in relation to co-existence of various systems of medicine, the problem of collaboration, and co-operation. Specific features of traditional medicine and the need for its revival and inco-operation into national health care system was also seen.

This chapter deals with a possible model where various systems of medicine can co exist, interact, collaborate and work with mutual understanding and support. China's experience of developing and incorporating traditional systems with modern medicine is shown as a model. As far as India is concerned this is a vision and a great need and we can see it as a possible dream from Chinese experience.

HEALTHY INTERACTION AND INTEGRATION OF CHINESE AND MODERN SYSTEMS OF MEDICINE : CHINESE EXPERIENCE AS A MODEL.

An example of successful integration of traditional system of medicine and modern system of medicine is to be found in China and Nepal, where health care has been greatly improved through the incorporation of traditional system into government health facilities.

Today the organized health care system of the People's

Republic of China consists of traditional medicine and modern Western medical science. Chinese medical tradition emerged in China about 800 B.C. Western medical science was introduced into China in the middle of the 19th century. Inspite of some resistence, it was rapidly accepted by the public and encouraged by the government. Chinese medicine was then neglected by the state and was considered by many young intellectuals to be unscientific and undesirable. Thus there was little communication between Chinese style and Western style doctors. Even though the government passed a bill in 1929 to ban the traditional medicine they did not succeed in it because of the opposition from the people. It has been estimated that in 1949 there were approximately 12,000 Western style doctors and 500,000 Chinese style doctors. About 80% of the total population were in rural areas, but most of the Chinese style and Western style doctors were concentrated in towns and cities.

Under the communist government, great emphasis has been placed on developing health care for the rural people and promoting Chinese medicine together with Western medical science. Health service reform in rural areas has made services both Chinese and Western not only available but also accessible to the masses of the rural area. As a result morbidity and mortality were greatly reduced. It is left to the patient to choose between Chinese style or Western style doctors, and in 1977 the ratio was 7:3 in favour of the latter. This was due partly to the availability of more Western style doctors. 45.

Looking at the history of traditional medical practice, we can see much of a similarity with India. But with the coming of People's Republic of China there was a great change in the health policy and implementation was ensured through rules and regulations.

The Main points of the policy :

1. Strive to inherit, develop, systematise and raise the level of traditional Chinese medicine.
2. To unite and rely on the traditional Chinese doctors so as to give full effect to their initiative.
3. To organize ways for Western trained doctors to learn and study traditional Chinese medicine.
4. To modernise traditional medicine and pharmacology gradually.
5. To develop traditional Chinese medicine and conduct research on the integration of traditional Chinese and Western medicine in a planned and national way.
6. To protect, utilize and develop the resources of Chinese medical herbs. 46.

<u>Implementation</u> : As a result of organised planning, establishment of departments of traditional medicine and other effective measures developed greatly during the last 40 years.

1. The position of traditional doctors and the conditions of traditional hospitals were improved.
2. 280,000 traditional doctors were invited to work in the organised sectors, hospitals, medical schools, and research institutes.

3. In the hospitals of Western medicine, departments of traditional medicine together with its pharmacies and wards were introduced.
4. Various types of training, orientation courses for teachers of traditional medicine, and advanced courses for traditional doctors were organized. These brought fundamental changes in the social status and the academic position of traditional doctors.
5. More hospitals for the traditional system of medicine were opened and departments of traditional medicine were added to almost all hospitals of Western medicine. Traditional doctors were holding chief positions in some of the hospitals.
6. Barefoot doctors working in rural areas were given appropriate training in both Western and traditional method of treatment.
7. Training curriculum for traditional Chinese medicine has been strengthened.
8. Production of Chinese herbal medicine has been increased and have gradually developed into an industrial system.

Efforts made to integrate traditional Chinese medicine with modern medicine proved successful. Co-operation between traditional and Western trained doctors was ensured through the study of traditional medicine with modern scientific knowledge and technology.

During the initial training in medical schools, Chinese style and Western style doctors learn some basic concepts and skills of the other medical approach. Short term formal sessions also were organised so that each group of doctors could learn from the other.

As a result of the various efforts to promote integration of Chinese and Western medical care, they were capable of combining their own medical approach with some basic skills of the other approach. In general the doctors are more likely to use Western medicine in dealing with acute diseases but to use Chinese medicine in treating chronic illness. Scientifically evaluated herbs with ancient records are used. More than 70% of total prescriptions are made from locally prepared herbs.

Health Distribution : Health services were organised in terms of the commune's three level adminstrative frame work, commune, brigades and country. This three level network provides a comprehensive range of Chinese and Western medical services including the treatment and prevention of diseases, health education, scientific research and planned fertility. The three level health network is closely linked to the health units at the country level. At the commune level there are Chinese style professional doctors and Western style professional doctors and both are treated in the same way in terms of prestige and material regards. Working hours are the same for both groups. After retiring a person is paid on a monthly basis 70% of his last month's salary. 47

Chinese policy of course is not based on traditional medicine alone. Western medicine in all its forms, from hospital based surgery to pharmaceuticals is fully utilised. It is not a full integrated system either. There is a mixture of integrated approach and also going in parallel lines. The government attached a great importance to traditional Chinese medicine giving energetic support and taking effective measures. As a result, remarkable improvement was brought about in the health status of the people. The medical history of China following its liberation stands as an example for the developing countries.

DIFFERENT SYSTEMS OF MEDICINE ARE COMPLEMENTARY AND COMPATIBLE

This section expresses how the various systems of medicine are compatible and complimentary. It is not within the scope of this paper to compare various systems of medicine or to say one system is more effective that the other. I only want to bring out that the various systems of medicine can compliment each other and can be better utilized.

The people of India are known for their ability for adaption. India with its ancient civilization has passed through different degrees and stages of exposure to various cultures, customs and civilizations and has a mixture of cultures. This holds the same for medical practices and there are more than half a dozen systems of medicine practiced in India.

Each medical system evolves to meet a people's conception of their health needs. It does not follow from this, that a system meets all their needs. However, a long standing traditional system may be more efficacious in meeting certain health needs than a

modern system and vice versa. But further exploration, research and study is required to identify and confirm the efficacy of each system. Here, I only want to say that there are some cultural, environmental and other factors which may favour one system over the other. For example there may be circumstances when a traditional system is the only option for a village society. Economic problem may be another reason for the choice of a particular system. There are other factors where a medical system may have specialization in one field. For example Western system of medicine is well advanced in surgery. In all this what we need to consider is which system can most adequately meet the specific health needs of the patient without causing any side effects. Appropriate therapy can be utilized depending on various factors.

Co-existence and collaboration of various systems of medicine helps to compliment each other and also learn from each other's experience. Richness inherent in each system can be tapped. Also by attempting to understand other medical systems, one may be better able to reflect and to be constructively critical of one's own medical system. This opens avenues for improvement and growth of the medical care system. It is believed that traditional medicine treats the patient in a more holistic manner than the Allopathic system. So also there may be other areas which are specific to each system of medicine. Thus a positive linkage between systems of medicine will enrich each system of medicine.

The overall perspective should be one of open mindedness and an effort to bring together the best of all systems for the good of all people.

NEED FOR MORE EMPHASIS ON RESEARCH AND STANDARDIZATION IN TRADITIONAL MEDICINE.

Traditional medicine is stimulating a vidid interest even in Western countries, where such a system was considered to be unscientific and primitive. The practitioners of allopathic system of medicine are now more willing to accept the importance of a life style, diet, yoga and so on in the promotion of health. Many of the traditional systems of medicine are being introduced into these countries. On the other hand, the countries where traditional medicines were highly developed were overpowered and dominated by allopathic medicine, and further development of these systems of medicine has stagnated. Now these countries are beginning to realise to damage done to these systems and are trying to revive them. The absence of sufficient research for it's development and growth is being experienced.

> S.L. Goel in his book "Health Care Administration, Ecology, Principles and Modern Trends" says: Modern medicine has progressed because of research in the medical sciences. They have evolved standard terminology which is applicable throughout the world. Traditional systems of medicine have not so far developed standards which can be uniformly applied. All these standards differ from person to person. It is difficult to get the same treatment from different persons of the same system. Research can revolutionize the medical sciences. It is therefore suggested that the traditional systems of medicine should encourage research through national institutes and post graduate institutions to evolve generalization based on case studies. 48

The above observations may be a bit exagerrated. There is a Central Council for Research in Indianmedicine and there are fifteen full fledged research institutions for carrying multi-disciplinary research. What needs to be developed is a common pool of knowledge which can be administered to benefit the people.

Further research has to be made to find the hidden treasures in traditional medicine. Clinical studies should be designed so as to prove the therapeutic efficacy of herbal drugs and to distinguish facts from fiction where available comparative studies with standard western treatment could be made. We must also understand that there is no relevance in saying that traditional systems are unscientific. At a time when the sciences like Physiology, Bacteriology and Pathology were in the process of being born, those traditional systems had already been developed based on certain principles and were far advanced in knowledge. But further research and advancement was slow and tardy due to lack of patronage and official support. After India's Independence some efforts are taken to revive the traditional system. Research on medicinal plants has been carried out and formularies prepared for 444 Ayurvedic drugs. The uses of these drugs are not adequately emphasized and encouraged. Another draw back is that there are not sufficient authoritative and well documented publications in English. The government should encourage further study and research of literature. The value of research is obvious in the following quotation.

> Allopathic medicine is relying more and more on synthetic drugs while very effective natural resources are available. Besides causing side effects, manufacturing of these synthetic drugs are complex and expensive. The synthetic processes for which a chemist requires an enormously high degree of heat and pressure, are being quietly carried out by nature in plants at ordinary conditions of temperature and pressure. While the chemist takes almost a century, the plant does the processing every day. Many active antibiotics occur in plants and this is yet an unexploited field from nature's own store room. Research has been undertaken by many Western countries. India need to intensify the efforts, even though with the drawn of independence, this research has been put on a rather firm and sound basis. 49.

MULTI SYSTEM AND INTER ACTIVE MEDICINE :
AS A POSSIBLE MODEL FOR INDIA'S HEALTH CARE SERVICES.

> No single system can thrive or be useful to all irrespective of its origin, location or merit. Anything good in all these systems should be made available, while false claims or ineffective practices and faulty approaches that may be currently in vogue should be eliminated through intensive and systematic research. 50

We have taken a brief look at the health situation of India with its various systems of medicine in vogue, the problems and difficulties faced in co-ordinating various systems and possible alternatives for its better utilization. Now it is time to dream of a possible model that can utilize the abundant resources inherent in these various systems of medicine and to work together as a team in interaction, collaboration, and co-operation.

There exists four main organizational relationships between official and traditional health services all over the world.

Monopolistic	:	Gives to allopathic practitioners sole legal right to practice medicine.
Tolerant	:	Traditional medicine is not recognised but are free to practice.
Parallel	:	Practitioners of allopathic and other systems of health care are officially recognised and render services to patients through equal but separate systems.
Integrated system	:	Modern and traditional medicine are merged in medical education and jointly practiced within a unique health service. 51.

In India's health situation, I feel what is needed is the co-existence of various systems with its particular ability to respond to various illness. It will be a "parallel" existence, preserving each one's speciality and mode of treatment.

Intersystem relationship co-operation and co-ordination is very important for optimum utilization of these vast resources and for a comprehensive health coverage.

It is estimated that there are 300,000 registered practitioners of the traditional system and probably an almost equaly number of unregistered ones. Each indigenous system should be allowed to retain its identity and grow according to its own uniqueness. In incorporating all these systems along with allopathic systems of medicine, the emphasis should be towards developing a national system in which all the different systems can make their own unique contribution. By this we do not mean integration, but a harmonious co-existence of various systems.

Now the question is how can we bring about these ideals into practical reality. We have seen how China with a reality similar to ours, has overcome the miserable situation and have developed into a just, equitable, and effective health care system. One of the most important strategies adopted was to develop traditional medicine. Some of the possibilities as I see in our country are:

1. Establish a central committee for both systems of medicine to help in planning, organising and promoting, collaboration, interaction and co-operation between various systems of medicine. This committee could act as an advisory body for the states.

2. Statewise committees with responsibility for planning in a systematic way programmes promoting collaboration, interaction, and understanding between the systems of medicine, and to act as an advisory committee for government.
3. Government should make definite policy to raise the level and status of traditional practitioners and to foster unity among allopathic and traditional doctors. Besides establishing hospitals of traditional medicine, incorporate departments of traditional medicine in government hospitals The ministry of health should take initiative in organising national conventions, exhibitions, and so on combing both systems.

   - Strengthen specialised training of traditional practitioners, equalise remuneration and working facilities;
   - Registration and licencing of both systems can be centralized;
   - Special efforts to be taken for developing traditional systems of medicine and making full utilization of their initiatives;
   - As far as possible, use Indian herbs and drugs and avoid exporting large amount of drugs;
   - Public education regarding the effectiveness and usefulness of indigenous systems and particularly to make use of its preventive and promotive aspects;
   - Strengthen research programs for traditional medicine for further growth and development of the system.

4. A committee to be appointed to ensure the implementation of the policy.

5. Appropriate manpower planning by the Government utilizing all the resources both traditional and allopathic systems for the total health coverage.

6. Traditional practitioners, practicing in rural areas to be provided with full fledged clinical facilities, so that they can be more effective for the primary health care of the respective community.

7. Establishing standardized diagnosis and treatment for traditional medicine so that there is uniformity of concepts, understanding and treatment. This would help in avoiding malpractice and quacks.

8. Common curriculum and standards of teaching to ensure proper training and quality of care in the specific systems of medicine, rehabilitation of Indian medicine in all its aspects of education, medicare and research.

9. Encourage co-existence of both systems of medicine which will contribute towards better understanding and co-operation.

   - Cross referrals between systems. Mutual communication and follow up of patients of the respective systems would be of benefit to patients.
   - Combined conferences and case studies can be a means of comparative studies regarding the effectiveness of different systems for a particular disease, leading to mutual enrichment. Thus use of more than one kind of health resources in unison for the same problem or selectively for different problems is made possible.

- Through collaboration with traditional practitioners it can be made clear : On what particular problem are they popular and how it is validated.
- Co-operation in the field of technology and drugs.
- Willingness to accept the limitations of each systems and compliment each others efforts.
- Working and other facilities to be provided equally for both systems of medicine.
- Responsible positions in the hospitals to be shared by both systems for mutual acceptance and support.
- Avoid use of drugs for which one is not competent - (Use of allopathic drugs by traditional practitioners and vice versa).

Thus various therapies can be encouraged to take their proper place in the health care and work in co-ordination and co-operation to avoid bitter competition with one another. We must bring together the allopathic medicine and the proven traditional practices within the frame work of National Health Care System. The government needs to take firm steps in formulating relevant National policies and making provisions for its implementation.

CHAPTER V

STUDY CONDUCTED IN THREE HOSPITALS

HOSPITAL B

HOSPITAL C

HOSPITAL D

ANALYSIS OF THE STUDY IN THREE HOSPITALS

FINDINGS, CONCLUSIONS

CHAPTER V

STUDY CONDUCTED IN THREE HOSPITALS

In the previous chapters, I Have tried to bring out briefly the existing health realities of India focussing more on the different systems of medicine prevelant in India. The need for co-existence, co-operation, and understanding among different systems of medicine was emphasised recognizing the cultural and socio-economic background of India.

In recent times some initiative is being taken, especially in the private sector, to introduce different systems of medicine into existing allopathic hospitals. In order to research into possibilities of co-existence of various systems of medicine, its positive elements, and the problems faced and so on, a study was done of three institutions where more than one system of medicine exist. Because of the time constraints and distance, I was able to visit only two hospitals. Questionnaires were sent by post to two hospitals of which only one responded. So the study is limited to three hospitals of which two were visited. I must acknowledge the limitations of this research.

1. The samples that could be obtained are meagre because of various reasons. First and foremost, is the limited time and the number of hospitals where the two systems co-exist are few and scattered throughout the country.
2. The hospitals studied were of :
   - Various sizes
   - Having different types of specialities.
   - Differences in bed strength between hospitals

and between systems.

- Hospitals are rural, semirural and urban in location.
- Traditional systems of medicine differ in each hospitals. (Hospital B has Homeopathy, C/D has naturopathy and Homeopathy).
- Different philosophy and objectives.
- One hospital has inpatients whereas the others did not have inpatients at the time of study.

3. The patients interviewed are of traditional systems of medicine. So there is a possibility of one sided views.
4. The ideal would have been to select equal number of samples in each systems which was not possible because of the difference in the number of staff in each hospital. However, almost all the doctors in the said hospitals were contacted.

In a country with lakhs of health personnel and thousands of health institutions, the opinions of 35 doctors, three administrators and 16 patients cannot be taken for a general conclusion.

Hence the focus of the study is : How can the different systems of medicine co-exist in an institution and work with mutual understanding, interaction and co-operation. How do the health personnel and the patients see its scope and the need for it. The study also includes the attitude of allopathic doctors towards traditional system. Because of the scanty samples hospitalwise study is not favoured. A combined analysis of the three hospitals is done. The administrators/directors views on various systems of medicine are shown under each hospitals. The studies done on different hospitals are shown below.

C has naturopathy integrated with Physiotherapy and

HOSPITAL " B "

Brief History of Hospital "B" : Hospital "B" had its beginning as a Homeopathy centre in Karnataka State in 1880. Realizing the need for caring of the leprosy patients who were considered as social outcasts, a hospital was constructed in 1892 for leprosy patients. After 5 years of its existence the founder realized that the homeopathic treatment of leprosy did not give satisfactory results and so he constructed an Allopathic hospital. Thus it grew into a general hospital with homeopathy dispensary running side by side. The good work done by the founder progressed so much that a full scale hospital was required to be set up. In the course of time, different departments of allopathic medicine were introduced and thus it grew into a full fledged hospital with 750 beds.

The hospital is owned by the Registered Society and a Governing Board is appointed by the Society. The Director is appointed by the Bishop and is assisted by two deputy administrators. It has all the specialities and modern diagnostic facilities. There are separate buildings with self contained units for psychiatry, leprosy and TB inpatients and also a vocational rehabilitation center in the same campus. The rural health and community services take care of 12 villages.

The Homeopathy hospital though started over hundred years ago has not grown in proportion with allopathic hospital. This department has two sections for out patients. One doctor has an examination room and clinic in the regular out patient department of the allopathic section. Other four homeopathy doctors have clinics connected with the Homeo-College. The Homeo College was

started in 1985, based on the need for research oriented homeopathic system of medicine. A homeopathic dispensary for the poor patients is conducted 6 days a week. There is a manufacturing section for homeopathy drugs and a few allopathic drugs.

Holistic approach was maintained from the beginning, giving emphasis to healing of mind, body and spirit. Homeopathy and allopathy complement each other. The 1989 statistics shows :

Allopathy		Homeopathy	
Out patients	- 1,14,783	Total out patients	...12,846
In patients	- 18,794	Correspondence	... 157
Leprosy out patients	- 6,178		
In patients	- 342		
Total out patients	- 1,20,961		
Total in patients	- 19,136		

Out of the 12,846 homeopathy outpatients 2,356 are seen by a homeopathy doctor who attends the regular out patient clinic in allopathy secion of out patients. The rest are seen by the homeopathy doctors at the Homeopathy out patient section of the Homeo College. Fifty beds are alloted to Homeo section in the general hospital wards. No inpatients register was available.

The Homeo College Principal is responsible for the running of the college. Administrative matters are taken care of by one of the deputy administrators.

Response to the questionnaires by the Assistant Director : The Director of the Hospital was too busy to spare time for responding to the questionnaire and so the Assistant Director responded to the questionnaire.

The objective of the hospital as expressed is to give the best of patient care by achieving excellence in both systems of medicine. The hospital has a commitment to popularise homeopathy as it has a long tradition in the institution. In fact the hospital began as a homeopathy hospital. Both systems run side by side and the Assistant Director's opinion is that both systems are given equal status. He feels it is less expensive and has less side effects. The hospital has been promoting Homeopathy for the last 110 years and the Homeo College was started with the intention of training committed homeopaths.

The Assistant Director believes that both systems can work with a team spirit but the initial hurdles are to be crossed and suspicion removed from other systems. He feels that there is co-operation between both systems, but sees room for improvement.

As for the questions whether he would prefer traditional systems of medicine if he fell ill, the response was that he would choose the system based on the illness as no system has an answer to all diseases. Enquiry was made as to the existence of joint meetings, case studies and so on, but noneare existing. There are conferences,a symposium for each system separately. As for the working facilities, he feels it is satisfactory and they have plans for further expansion of the homeopathic department. At present the Homeo College is running at a loss and is subsidised by the hospital.

The Assistant Director feels that traditional medicine is gaining ground and it is an answer to the exploitation of multi-national drug companies, spiralling prices, substandard and spurious drugs and high cost of drugs.

It is clear from the response of the administrator that he is in favour of traditional medicine and also feels obliged to support it because of its origin on homeopathy.

HOSPITAL "C"

Brief History of Hospital "C" : Hospital C is a 150 bed hospital situated in a semi rural area in mid Kerala. It serves a population of over 10,000 within a radius of 50 km. The people are of middle class and lower middle class and the literacy rate is about 95%.

The hospital began in 1973 with 35 beds and two departments of Medicine and Surgery. The land for the hospital was donated by a well wisher of the local community. Other facilities like intensive care unit and operation theatre were added gradually. In response to the need of the area the bed strength was increased gradually to 150.

A fully equipped Naturopathy department was started in 1988 with all facilities for various treatments. A separate kitchen was added and a vegetable garden as well as a herbal garden started for demonstration.

The two medical systems are functioning side by side. Cross referrals are very few except for maternity cases, who are sent for yoga and exercises.

The naturopathy department is headed by a physician who is specialised in Cardiology and Naturopathy. There are two other practitioners who had training in Naturopathy. The department has all modern equipments and acts also as a physio-therapy department. Various therapies like Hydrotherapy, mud therapy, sunbath, Magneto-therapy, Electromagnetic therapy and provided by the department. Naturopathy department as well as allopathy are functioning well.

[illegible]

[illegible]

[illegible]

Total bed strength at present is 165 including the 30 beds alloted for Naturopathy.

Doctors	9	(consultants and 3 MBBS)
Nurses	24	
Nursing aids	20	
Helpers	10	

If required Naturopathy patients are accomodated in the allopathy section. One unique thing about this place is that the doctor practices both allopathy and naturopathy.

Response to the questionnaire by the Administrator : A number of questions were asked to the adminstrator to determine her attitude towards traditional systems of medicine and how it is being supported and encouraged by the management. Also to know the effort put into co-ordinating and encouraging team functioning.

The objectives and goals of the hospital as enunciated are to give selfless service to all irrespective of caste, creed or social status and to proclaim faith in Jesus through the healing ministry. The thinking behind introducing naturopahy was that, a physician trained in both systems of medicine (allopathy and naturopathy) was available and she had also heard about the effectiveness of naturopathy for certain types of illness. On discussion with the administrator it was clear that the initiative came mostly from the physician trained in both systems of medicine. Having personally experienced it, the administrator has good faith in naturopathy, also she had come across cases that were rejected by the allopathy as hopeless and got cured with naturopathy.

Because the doctor was trained in both systems of medicine, co-ordination became easier. She uses whatever therapy is good

from both systems of medicine. But referral by other allopathic doctors are very rare. The administrator expressed the lack of organised programme for on going education even though the naturopathy practitioners attended some regular courses. No specific plan is envisioned for facilitation of team work and co-operation. The traditional system of medicine department is able to manage financially. The administrator feels that the working facilities are adequate. Facilities are utilised mostly by the middle class and the rich.

Responding to the question about how she sees the future of Indian medicine, she expressed that it is being used widely and will continue to do so. The statistics of this hospital could not be obtained.

HOSPITAL " D "

Brief History of Hospital "D" : Hospital D began in 1939 in a crowded city of North India by a congregation of sisters dedicated to the service of the sick. A school was converted into a hospital to accomodate the patients. No other health facilities were available in the area except for the government hospital which was always over crowded. The hospital served a large population, mainly middle class and poor rickshaw men and petty shop keepers.

The staff consisted of mostly sisters and a few lay employees. The number of patients increased rapidly necessitating the construction of additional buildings. Two new buildings were constructed and the bed strength was increased to 150. Realising the need for trained health personnel, a nursing and midwifery school was started.

As the need for additional beds and facilities kept increasing, the existing area and structure were found insufficient. A 300 bed, hospital was constructed with all modern facilities about 16 kilometers west of the old hospital. The nursing school and the hospital were shifted to the new location in 1958. Initially, part of the hospital was used for hostel facilities. Gradually as the need arose for more beds, a hostel was constructed with class foom facilities. New specialities including neurology department were gradually added to the service of the hospital. Significant physical additions were made to provide living facilities for various categories of employees. Training courses for X-ray and laboratory technicians, were also started and a fully equipped physiotherapy department was introduced.

A socio-political analysis was done in 1974 which changed the whole orientation of the hospital. It was felt that a hospital of superspecialities was not the need of the area and that people's participation was lacking. Definite steps were taken to re-orient the hospital and to make it a community based hospital. A few of the specialities were discontinued. Community health service was strengthened and school for multi-purpose health workers was started to train the local people to care for their own people. Efforts were made to provide the service at a low cost. Realising the great resources in traditional systems of medicine, Departments of Ayurveda and Homeopathy were added to the hospital services. Periodic evaluation is done and needed changes are being made to make it relevant to todays health needs.

The Ayurveda and Homeopathy departments function under an Ayurvedic doctor and a Homeopathy practitioner. Techniques like

acupuncture and acupressure are also being introduced.

Hospital D was not visited and so, on the spot observation and statistical information is lacking.

Response of questionnaire by the Administrator : The objectives of the hospital are:

- To orient people towards a health oriented living
- To relieve those who are sensitive to allopathic drugs and offer alternative system of care.

The Administrator expressed her belief in traditional systems of medicine and her own choice for it. Medicine being a competitive field team work is very difficult.

Joint conferences were tried in the hospital earlier but did not continue. Ongoing education is planned. But no plans are made for facilitating team work. The type of patients utilising the facilities are rich and middle class. The department is not financially viable, however, the administrator expressed that she is happy to subsidise.

In her opinion most often the patients approach traditional medicine when the allopathic system has failed. She feels that traditional medicine has established credibility in the treatment of certain diseases. While responding to the question about the place of traditional system in India, she responded positively and expressed the need to promote it and to educate the public to utilise it. The hospital maintains a herbal garden and makes herbal preparations.

She expressed her hope that all these systems work together along with allopathy and offer the most suitable treatments.

ANALYSIS OF THE HOSPITAL STUDY

Thirty-five doctors, both allopathic and traditional were interviewed using a number of similar questionnaires were designed to determine the attitudes and opinions of allopathic and traditional practitioners towards the use of traditional medicine and its co-existence with allopathic medicine. The practitioners interviewed are from three different hospitals and the traditional practitioners are of different systems.

Homeo doctors	13 (8 were interns in Homeo College)
Naturopathy (Doctors/Practitioners)	3
Allopathy and Naturopathy doctor	1
Allopathy doctors	18

Co-existence of different systems of medicine

TABLE 2

Opinion about co-existence by systems of medicine

	Systems of medicine			
Opinion	Allopathy	%	Traditional	%
Helpful	8	44.4	12	75
Not helpful	8	44.4	-	-
Helpful, if there are cross referrals	-	-	4	25
Not helpful, confuse patients	2	11.2	-	-
Total	18	100	16	100

Also specific questions were asked to each group. The questionnaires

75% of the traditional practitioners said it is helpful to have both systems in the same hospital. But only 44% allopathic doctors agreed it is helpful. None of the traditional doctors pointed out it is not helpful whereas 44% of the allopathic doctors were of the opinion that it is not helpful. One of them even said it will confuse the patients. Those who agreed it as useful gave their reasons as :

- Patient can choose what he feels is good.
- If there is no cure in one system, the doctor can refer to other systems.
- Helpful for better understanding and cross referrals.
- It is complementary.

TABLE 3

Belief that different systems of medicine can supplement each other

Belief in systems supplementing each other	Systems of medicine			
	Allopathy	%	Traditional	%
Believe	6	33.4	14	87.7
Don't believe	8	44.4	-	-
To some extent	2	11.1	2	12.3
More study required	2	11.1	-	-
Total	18	100	16	100

87% of the traditional doctors expressed their belief that the different systems can supplement each other. But only 33% of the allopathic doctors were positive about it. In fact, 44% of them said they don't believe it can supplement. None of the traditional practitioners said so.

TABLE 4

Need for co-operation and co-ordination.

View about need for co-operation	Systems of medicine			
	Allopathy	%	Traditional	%
Yes	6	33.4	15	93.7
Not necessary	10	55.6	-	-
To some extent	1	5.5	1	6.3
Not possible	1	5.5	-	-
Total	18	100	16	100

Regarding the need for co-operation, almost 94% of the traditional practitioners feel the need for it and none of them expressed there is no need. 56% of allopathic doctors felt it is not necessary and only 33% felt the need for co-operation. One of them expressed it is not possible to have co-operation as the philosophy is different.

Actual level of co-operation and Support

TABLE 5

Professional contact between systems of medicine

Professional contact	Systems of medicine			
	Allopathy	%	Traditional	%
Have contact	3	16.6	14	87.5
No contact	11	61.1	-	-
Occassional contact	4	22.3	2	12.5
Total	18	100	16	100

87% of the traditional doctors agree that they have some sort of professional contact with allopathic doctors. This percentage is as low as 16% in relation to the allopathic doctors contact with the traditional practitioners. Only 22% said they occasionally have contact. 61% said they have no professional contact with traditional doctors.

TABLE 6

Frank exchange of ideas and mutual relationship between systems of medicine

Exchange of ideas	Systems of medicine			
	Allopathy	%	Traditional	%
Very little	1	5.6	4	25
No	17	94.4	5	31.25
Yes	-	-	4	25
Not responded	-	-	3	18.75
Total	18	100	16	100

A very significant difference is seen here. Almost 95% of the allopathic doctors said they have no exchange of ideas with traditional practitioners, some of them said they don't feel the need for it. But the opinion of traditional practitioners varied. Only 31% said there is no exchange of ideas or mutual relationship. 25% felt they have very little exchange of ideas. Another 25 % said they have some exchange of ideas with allopathic doctors. All those who agreed that they have some exchange of ideas were homeopathic interns in hospital B. During their student days they had classes by allopathic doctors and also some discussions with the professors.

[illegible] do not in fact [illegible] that they have some [illegible] [illegible] [illegible]

TABLE 7

Extent of mutual support between systems

Extent of mutual support	Systems of medicine Allopathy	%	Traditional	%
No support	8	44.4	3	18.7
Very little support	5	27.8	5	31.3
Support	-	-	4	25
No need for support - self sufficient	1	5.6	-	-
Not responded	4	22.2	4	25
Total	18	100	16	100

Responses to the question about the extent of mutual support between systems varied. 25% of the traditional practitioners and 22% allopathic doctors did not respond to the question. Of the 14 allopaths who responded, 57% agreed there is no mutual support between systems where as only 21% of the traditional practitioners who responded said so. None of the allopathic said there is mutual support. But of the 13 who responded, about 33 of traditional practitioners opinion was that there is some support.

Belief in working together as a team.

TABLE 8

Attitude about incorporating traditional systems of medicine into government hospitals

Incorporating traditional system into Govt. Hosp.	Systems of medicine Allopathy	%	Traditional	%
Yes	6	33.4	13	81.2
No	11	61.1	2	12.5
No opinion	1	5.5	1	6.3
Total	18	100	16	100

responses to the question about the extent of mutual support [illegible] 45% of the orthodontic practitioners and 22% allopathic doctors did not respond to the question. Of the 14 allopaths who responded, 72% [illegible] there is no mutual support between systems where as only 13% of the orthodontic practitioners who responded said no. [illegible] of the allopathic and ortho is mutual support. But on the 12 [illegible] 11 [illegible] was that there is some support.

[illegible]

Attitude about interpretation of different systems

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Yes	6	30.4	12	41.2
[illegible]	11	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Other	[illegible]	[illegible]	17	[illegible]

Need for incorporating traditional systems of medicine into Government hospital was supported by traditional practitioners. 81% responded with positive answers, while only 33% of allopathic doctors feel it is needed. 61% of the allopathic doctors do not agree to it. The reasons given for not agreeing are :

- Possibility of conflicts.
- Possibility of competition.
- Not adequately trained.

TABLE 9

Attitude towards allopathic and traditional practitioners working together in government and voluntary hospitals

Attitude	Systems of medicine			
	Allopathy	%	Traditional	%
Agree	4	22.2	14	87.5
Do not agree	12	66.6	1	6.2
Do so only if forced to do	1	5.5	-	-
Not able to say, no experience	1	5.7	1	6.3
Total	18	100	16	100

Out of those who agree that the allopathic and traditional doctors should work together in Government and voluntary hospitals, 87% are traditional practitioners and only 22% of the allopathic doctors agree on the idea. One of them said he would do so only if forced to do. 66% of allopathic doctors were not willing to work together.

TABLE 10

Belief in working together for research and treatments

Working together	Systems of medicine			
	Allopathy	%	Traditional	%
Yes	8	44.4	15	93.7
No	9	50	1	6.3
For research - yes	1	5.6	-	-
Total	18	100	16	100

As for allopathic and traditional practitioners working together for research and treatments, 94% traditional practitioners spoke on the affirmative while only 44% of the allopathic doctors think it is possible. 50% do not agree for it.

TABLE 11

Usefulness in having joint meeting and conferences

Joint meeting & conference	Systems of medicine			
	Allopathy	%	Traditional	%
Useful	8	44.4	13	81.2
Not useful	9	50	3	18.8
Not possible	1	5.6	-	-
Total	18	100	16	100

When asked about the usefulness of having joint meetings and conferences 81% traditional practitioners said it is useful. 50% of the allopathic doctors have the contrary opinion. Only 44% feel it is useful. Those who agree on the usefulness of having joint meetings and case studies gave the following reasons :

- Helps to know about other medicines side effects.
- Can know the type of disease each system can handle.
- May help the traditional practitioners to get a better idea and knowledge.

Stability of the patient in taking treatment.

TABLE 12

Patients changing from one system to another

Changing systems	Systems of medicine			
	Allopathy	%	Traditional	%
No	12	66.6	8	50.0
Yes some times	6	33.4	8	50.0
Total	18	100	16	100

The number of doctors expressing that the patients change the system of medicine is more among traditional doctors. 75% of the allopathic doctors feel that their patients do not change the systems of medicine.

TABLE 13

Patients completing treatments as expressed by two systems of medicine

Patient's completing treatments	Systems of medicine			
	Allopathy	%	Traditional	%
Yes	16	88.8	11	68.7
No	2	11.2	5	31.3
Total	18	100	16	100

About 88% of the allopathic doctors report that the patients complete the treatment as per doctor's advice while only 68% of the traditional doctors think so. 31% of traditional practitioners said the patient do not always complete the treatment.

Doctor-Patient Relationship.

TABLE 14

Number of patients examined by types of medical systems

Number of patients per day	Systems of medicine Allopathic	%	Traditional	%
5 - 20	-	-	12	75
21 - 30	4	22.2	4	25
31 - 40	8	44.5	-	-
40 and above	6	33.3	-	-
Total	18	100	16	100

The above table shows a decreasing trend for traditional doctors and an increasing trend for allopathic doctors as to the number of patients seen per day. 75% off the traditional doctors saw less than 20 patients a day while all the allopathic doctors saw more than 20 patients a day. 33% saw more than 40 patients a day, 45% saw more than 30 patients a day. So the time be can spend with a patient is less. If the outpatient working hours are six hours and if he sees 50 patients a day be can spend only 7 minutes for each patient.

TABLE 15

Time required for examining a patient by type of medicine

Time by minutes	Systems of medicine Allopathy	%	Traditional	%
5 - 10	3	16.7	1	6.25
11 - 20	12	66.6	4	25
31 and above	-	-	10	62. 5'
Not responded	3	16.7	1	6.25
Total	18	100	16	100

Both traditional and allopathic doctors were asked how much time they spend for examining a patient. Out of the 15 allopathic doctors who responded, all ofthem said they spent less than 20 minutes. Whereas 63% of the traditional doctors said they spend more than 30 minutes for examination of the patient. Only 6% spend less than 10 minutes. According to traditional doctors, they spend 30 minutes to 1 hour with the patient examining them and explaining the illness and diet.

Equality and Equal Status.

TABLE 16

Attitude regarding giving remuneration to traditional doctors in par with allopathic doctors

Remuneration	Systems of medicine			
	Allopathic	%	Traditional	%
Equal salary - yes	2	11.2	12	75
Equal salary - no	7	38.8	1	6.3
Yes, if same work schedule	3	16.6	-	-
Yes, if adequately trained	2	11.2	-	-
No comments	4	22.2	3	18.7
Total	18	100	16	100

On the question of giving the same salary for allopathic and traditional doctors with qualifications, 75% of the traditional practitioners felt that they should be paid the same. But only 11% of allopathic doctors agree to the proposal. 38% said no and 16% said, the same may be paid provided they follow the same work schedule and take responsibility for emergency cases and sick calls.

Place of Traditional System of Medicine in India as seen by different systems of medicine.

TABLE 17

Place of indigenous system in India

Place of traditional system	Systems of medicine Allopathic	%	Traditional	%
Great Scope	4	22.2	14	87.6
No place	4	22.2	-	-
Very little place	2	11.1	1	6.2
Yes, if it sticks to their own treatment	1	5.5	-	-
Don't know	7	39	1	6.2
Total	18	100	16	100

There is a great variance in the thinking about the future of traditional medicine in India, between traditional practitioners and allopathic doctors. 87% of the traditional practitioners believes that there is a great scope for the traditional medicine in India, while 22% of allopathic doctors see no place for it. 38% did not comment on it. Only 22% feel that there is a place for traditional medicine.

Attitude of the public towards traditional systems of medicine: Responses of the patients having treatments under indigenous practitioner to the questionnairs (hospital wise): To analyze the attitude of the patients, I used questionnaires and also conducted interviews. Sixteen patients from three different hospitals were interviewed using structured questionnaires. The questions were designed to determine the general attitude of the public regarding the use of traditional system of medicine. I could interview only a few of the patients as only one hospital

had inpatients and many of the outpatients were not available for interview. Due to lack of time only patients undergoing treatment under traditional systems of medicine were interviewed.

Preferences of patients for traditional systems of medicine and the type of cases approaching traditional practitioners:

Sixteen patients were interview and a couple of questions were asked to know their preference for a particular system of medicine and the type of cases approaching traditional practitioners.

TABLE 18

Preference for systems of medicine

Systems of medicine	Hospitals B	C	D	Total	%
Naturopathic	-	5	3	8	50
Homeopathic	4	-	-	4	25
Ayurvedic	1	2	-	3	18.75
Allopathy in case of emergency	1	-	-	1	6.25
Total	6	7	3	16	100

TABLE 19

Promptness in approaching traditional practitioners

Resort to systems of medicine	Hospitals B	C	D	Total	%
Resort to traditional system initially	2	1	1	4	25
Resort to allopathic system, first and then traditional system	4	6	2	12	75
Total	6	7	3	16	100

TABLE 20

Duration of illness of the patients who approached traditional practitioners

Duration of illness	Hospitals			Total	%
	B	C	D		
Less than 1 year	1	3	1	5	32
1 - 2 years	1	1	-	2	12
3 - 5 years	1	3	-	4	25
6 -10 years	1	-	1	2	12
More than 10 years	2	-	1	3	19
Total	6	7	3	16	100

Table 18 shows that 50% of the patients preferred naturopathy, 25% preferred homeopathy and about 19% preferred ayurvedic. One of the patients said he prefers allopathy in case of emergency. When asked whether they resort to traditional medicine at the onset of illness (Table 19). 75% agreed that they approached allopathic system first, and if they did not feel better, then they changed the system of medicine.

Table 20 shows that 31% of the patients who went to traditional practitioners were suffering from illness less than one year, 25% 3-5 years, 19% more than 10 years and 12% 6-10 years and another 12% 1-2 years of illness. During the intervew most of the traditional practitioners expressed that most of their cases are chronic. But the table 20 does not show this. It may be because of the number of samples are few.

Doctor-patient relationship : The patients were asked a couple of questions to assess their satisfaction of the care and attention given by the doctor.

TABLE 21

Patient's view of doctors spending time with the patients

Patient's view	Hospitals			Total	
	B	C	D		%
Spends enough time with the patient	6	7	3	16	100
Does not spend enough time	-	-	-	-	-
TOTAL	6	7	3	16	100

TABLE 22

Information given to patients by the doctor regarding illness

Patient's view	Hospitals			Total	
	B	C	D		%
Explains well	5	6	2	13	81.25
Not always	1	-	1	2	12.50
Do not explain	-	1	-	1	6.25
TOTAL	6	7	3	16	100

Responding to the question whether traditional practitioners spend enough time examining the patient, all 16 patients responded positively. As for the question whether the doctor ordinarily explains about the illness 13 people were satisfied about the explanation and one said that the doctors did not explain and two felt that they did not do so always. This corresponds with the respnses from the doctors regarding the time they spend with each patients.

TABLE 23

Decision for choice of traditional systems of medicine

Choice of patient prompted by	Hospitals B	C	D	Total	%
Recommended by friends and relatives	1	5	3	9	56.25
Own choice	5	1	-	6	37.50
Recommended by an allopathic doctor	-	1	-	1	6.25
TOTAL	6	7	3	16	100

The above table demonstrates that 56% of the patients who chose traditional medicine were recommended by relatives or friends who were cured by traditional medicine, 36% chose of their own. Only one patient said he was referred by an allopathic doctor.

TABLE 24

Cost effectiveness of traditional system in relation to allopathic systems.

Response of patients	Hospitals B	C	D	Total	%
Less expensive	4	4	1	9	56.25
Don't know 1st experience	-	2	1	3	18.75
Same as allopathic	1	-	1	2	12.50
Ayurvedic more expensive	1	1	-	2	12.50
TOTAL	6	7	3	16	100

A question was asked about the relative cost of traditional medicine and allopathic medicine. 19% of the patients who responded, did not have enough experience to comment on it. Of the 81% who commented, 69% held that allopathic medicine is more expensive than traditional medicine.

12% felt that it is the same as Western medicine, while 12% expressed that Ayurvedic medicine is more expensive.

TABLE 25

Co-existence of two systems in the same institution

Views of patients about co-existence	Hospitals B	C	D	Total	%
Helpful	6	6	3	15	93.75
Not helpful	-	-	-	-	-
Don't care	-	1	-	11	6.25
TOTAL	6	7	3	16	100

The patients interviewed were asked how they see the two systems existing in the same hospital. Of the sixteen patients 94% agreed it is helpful and one said he did not care. The reasons given were:

- Can choose whichever is suitable.
- Feel more confident if both systems are in the same institution. In case of emergency, treatment can be given without delay.
- Opportunity for easy cross referrals.
- If one system of medicine is not effective another system can be approached.
- Opportunity for dialogue between various systems of medicine.
- Patients who have more than one disease condition, may need treatment from both systems. This is made possible when two systems co-exist.

TABLE 26

Availability of drugs.

Availability	Hospitals B	C	D	Total	%
Available in the hospital	6	6	3	15	93.75
Have to buy from outside	-	-	-	-	-
Not responded	1	-	-	1	6.25
TOTAL	7	6	3	16	100

As regards the availability of drugs in the hospital all of the fifteen who responded agreed that drugs are easily available in the hospital.

TABLE 27

Patient's view regarding the place of traditional medicine in India

Future of T.M.	Hospitals B	C	D	Total	%
Need to encourage and support T. medicine	3	5	2	10	62.50
Homeopathy is better	3	1	-	4	25
Co-existence and equal status	-	1	1	2	12.50
TOTAL	6	7	3	16	100

Almost63% felt the need to encourage and support the traditional systems of medicine. About 19% felt that homeopathy is better than all other systems. (These patients are from the hospital B where homeopathy has a long tradition of practice).

FINDINGS OF THE STUDY AND CONCLUSIONS.

The analytical studies with corresponding tables, of the three hospitals gives the views and ideas of the adminstrators, allopathic practitioners, traditional practitioners, and a few patients having treatments under traditional systemsof medicine. The findings and conclusions drawn from this brief study are given below :

Administrators attitudes towards various system os medicine and its co-existence.

1. Administrators/directors of all three hospitals believe in the traditional systems of medicine and wanted to promote it.
2. The basic thinking and ideology behind introducing traditional systems of medicine into these hospitals varies. Hospital B wanted to keep the charism of its founder and the hospital itself was started as a Homeopathy Hospital. The special interest of a Sister doctor specialised in allopathic and traditional medicine seemed to influence the founding of the Naturopathy system into Hospital "C", where as Hospital "D" has the specific objective of orienting the people to use traditional medicine and to offer an alternative system.
3. All three hospitals agree on the lack of co-operation and mutual consultation between systems of medicine. There are only a very few cross referrals.
4. There are no organised programmes or plans to encourage mutual consultation and collaboration between systems.
5. A "common platform" where both systems of medicine can meet, discuss cases and consult are lacking.

6. All the administrators interview feel that equal recognition is given to both systems and adequate facilities are provided.

7. Except for Hospital "C" the traditional systems of medicine is not self supportive and is subsidised by the hospitals.

8. Beds were allotted to traditional practitioners in all three hospitals. Hospital "C" had a separate section for Naturopathy patients. Allopathy was highly developed in all three hospitals with a bed capacity varying from 150 to 750. The traditional system bed capacity varied from 30 to 50. The growth of traditional medicine is slow compared to allopathic medicine which has grown rapidly in speciality and facilities.

9. All the administrators agreed that traditional medicine has a place in India and we need to develop it.

<u>Attitude of the allopathic doctors towards practice of various systems of medicine and its co-existence</u> : The doctors interviewed/ contacted by post in three hospitals were highly trained and with many years of experience in different fields. They are from Bihar, Karnataka and Kerala and fall between the age of 40 to 55.

1. Most of the allopathic doctors interviewed had a negative opinion about traditional practitioners and a great majority said that they do not believe in the effectiveness of traditional medicine. They felt that the traditional practitioners are not adequately trained to treat diseases.

2. Complementarity of different systems of medicine was denied and most of them did not have any contact with traditional practitioners. They, as a whole, did not care what happened to traditional medicine. They felt that the medical needs of India can be met only with the allopathic system of medicine.

3. One of the chief criticisms about traditional practitioners is that they use allopathic drugs without having any knowledge of anatomy and proper diagnosis. About 85% of them did not want to send their patients to traditional practitioners.

4. Although some of the doctors favoured co-existence of various systems of medicine, they did not agree on collaboration or mutual consultation. The attitude was one of "let them practice their medicine", and they did not believe that traditional doctors have anything to contribute.

5. One of the crucial questions asked was whether they see working together as a team, also what they think of involving traditional systems of medicine into government services. About 70% were completely against the idea. One of the doctors even mentioned it would be a retrograde move. Exchange of ideas, combined conferences, working together for research, and such moves towards co-operation were completely negated by most of the allopathic doctors.

6. Only very few doctors felt that their patients changed systems of medicine. Some of them expressed that their patients resort to traditional systems, if the disease is chronic or incurable.

7. A few of the allopathic doctors felt that the traditional doctors should have their own hospitals and should not mix with the allopathic system of medicine.
8. A good number of the doctors said they examinte 45 to 60 patients a day and this would leave them with very little time for each patient. The time study also shows the majority of the doctors spend only 5 to 10 minutes per patient. It also corresponds with patient's response to the same question.
9. Most of the doctors indicated that the remuneration for traditional practitioners should not be in par with theirs.

Attitude of traditional practitioners towards the practice of various systems of medicine and its co-existence : The majority of traditional practitioners were homeopathy doctors (13) out of which 8 were homeopathy interns. The rest were of Naturopathy and Ayurveda. Two were diploma holders while the others had certificates from recognised schools.

1. The majority of traditional doctors favoured team work with allopathic doctors. Most of them were open for co-operation and mutual consultation. They also responded in the affirmative about involvement with government in the organised health sector.
2. Most of the practitioners agreed upon their competency in handling almost all types of illness, but agreed that they refer cases, to allopathy if surgery or other emergency treatment is required .

3. Many of the traditional doctors complained that their patients often came to them too late to be successfully treated because they have been receiving treatment from allopathic system. They believe that some of the allopathic drugs make the patient insensitive to herbal medicine.

4. A few of the doctors expressed the fear of considering them as 2nd class medical practitioners if they work along with allopathic doctors. So they preferred to work in their own hospitals.

5. As for geographical location the traditional practitioners do not see themselves confined to rural areas. They felt equally effective working in urban areas. They traditional doctors felt that they should be paid in par with the allopathic doctors.

6. With regard to recognition and equal status with allopathic doctors they were not satisfied with the way it is going on. They felt delicate to mention in their questionnaires. But many of them expressed it during the interviews and a few of the doctors said that equal status is not recognized and the facilities also are not satisfactory.

7. Time study on the examination of the patient and the number of patients seen per day reveals that the traditional practitioners spend more time with the patients.

8. The traditional doctors expressed their belief in the complementarity of different systems of medicine. Two of the doctors complained about the superior feelings of allopathic doctors and also about the irrational use of drugs by allopathic doctors.

9. Regarding combined conferences, case studies, mutual exchange of ideas and working together for research, the traditional doctors were more positive than the allopathic doctors. They expressed that most of the patients going to them are chronic cases and often approach them after everything else has failed. Many of them agreed that they do use allopathic medicine occasionally.

10. As a whole, the doctors felt that their patients do not change system of medicine once they have come to them.

Attitude of patients towards practice of various systems of medicine and their preference.

All the patients interviewed are from traditional systems of medicine and fall between the age of 40-60 except two teenagers.

1. All of them believed in the effectiveness of traditional systems of medicine and were recommended by those who had experience in the use of traditional medicine.

2. Co-existance of different systems of medicine was appreciated by all the patients interviewed. They felt more confident when the two systems exist side by side.

3. All the patients interviewed said they had resorted to allopathic medicine first, before approaching the traditional practitioners and most of them said they are tired of taking too many pills and even feel sick with it. One patient who was suffering from diabeties, hypertension,

and heart condition was under allopathic treatment for almost a year. He was on 12 pills a day and felt so sick that he could not eat anything. Finally he had resort to Naturopathy. The pills were reduced to one tablet a day and he feels much better now.

4. Some of the patients acknowledged the expertise of allopathic system for diagnosis. They preferred to follow traditional systems of medicine after the diagnosis is established, particularly for certain conditions like Jaundice, Rheumatism and other chronic illnesses. One patient narrated her story during my interview: She was diagnosed as a case of kidney failure and the allopathic doctor advised her to have dialysis done every week. She was all swollen and had no appetite when she finally approached the naturopathy doctor. When I interviewed her she was in the Naturopathy Hospital about 1½ months. Her swelling disappeared and she had better appetite. No dialysis was done during that period. Follow up of such cases would be of great advantage.
5. Almost all the respondants agreed that the doctor spends enough time taking history and explaining about illness, diet and so on. Hospital "C" had regular Yoga exercises and classes on diet, hygiene and a healthy way of living.
6. Most of the patients expressed the need for promoting traditional systems of medicine.
7. A great majority of the patients who attended the Naturo-

pathy, Ayurveda and Homeopathy clinic were middle class or rich. Education may have been the reason because all of them were aware of the side effects of synthetic drugs.

CONCLUSIONS

1. A new trend is evolving especially in private sector to introduce other systems of medicine into allopathic hospitals.
2. There is a growing awareness among the public mostly among the educated about the side effects of chemotheraphy and the influence of foreign substances within the body. More and more people are turning to traditional medicines. The poor prople still look up to allopathy for health care. (The study showed that most of the people who resort to traditional medicine department, of the hospital are middle class and rich). Relatively less cost of traditional medicine is not exactly the basic factor influencing the patient to use traditional medicine. Education of the public on the effectiveness of traditional medicine and rational use of drugs is important.
3. Co-existance of different systems of medicine in one institution is appreciated by the patients and some of the traditional practitioners, but very few allopathic doctors favoured it. In the actual situation collaboration, mutual consultations, and cross referrals are not evident. Among the 16 patients interviewed only one was a referred case.

4. Both allopathy and traditional medicine have influenced each other to some extent, through years of co-existance. The holistic approach is appreciated by the allopathic system and more emphasis is being given now. Some of the techniques like acupuncture are being introduced into allopathic hospitals. Traditional systems also have adopted some Western methods.
5. The allopathic system which has dominated the health sector, feels superior and seems to consider the traditional system as a second class profession.
6. There is a certain degree of competition between systems of medicines. The traditional systems of medicine are trying to assert themselves through formal organization. Even in hospitals where more than one system of medicine exists and functions side by side, the majority of allopathic doctors do not believe in the effectiveness of traditional medicine. Also they do not believe in the usefulness of mutual consultation and exchange of ideas. So there is very little interaction on a professional level.
7. Traditional doctors seems to be more willing to co-operate and collaborate with allopathic system than do allopathic doctors with traditional practitioners. However, the traditional doctors clearly stated that, they are not willing to work as subordinates.
8. Traditional practitioners do believe that they are able to cure certain diseases for which allopathy has no cure.

9. The few allopathic and traditional practitioners who favoured working together differed in their perception of how the system would work. The allopathic doctors indicated that traditional doctors should work under the supervision of allopathic doctors, where as the traditionals saw themselves working on equal status.

10. The parallel existance of two medical systems too have their disadvantages because there is no proven facts to say specifically which system is more effective for a particular disease. As there is no understanding or cross referral between practitioners the decision about which system to turn to lies with the patients, instead of with an expert (physician) who after examination stipulates what remedy to resort to.

CHAPTER VI

CONCLUSIONS, AREAS FOR FUTURE STUDY AND RESEARCH

CONCLUSION

Health care is a basic right of every citizen and it should be one of the greatest concerns of every country and state. Health of a population is very much influenced by social, political, and economic factors, each acting positively or negatively on the individual. History of health culture and services in India shows a profound effect of social, political economical and cultural forces, on health services. As a result of intercultural experience over the centuries a number of other systems and practices came into being besides Ayurveda and Siddha. Thus the prevalence of large number of medical systems in India has given a possibility to use any type of medical systems. However, because of the different forces at work, allopathic system has taken dominance and this has affected the health care system of India.

Through this topic under study, I wished to expose the three specific areas of health care :

1. The health realities of India and the background which has led to the present health situation.
2. The gradual declining of traditional system in India and the need to develop and utilise this rich resource to meet the health needs of India.
3. The need to develop an ideal situation where all these systems work together in co-operation and collaboration.

The studies on the history and evolution of various systems of medicine and its relation to India's health situation have brought to light the need for developing the traditional systems of India

and incorporating them into India's health care system.

The review of literature reveals the present day thinking on various systems of medicine and it can be seen that many researchers have come out with the idea of a pluralistic medical care system.

The brief study done on three hospitals shows that the modest attempt to incorporate the traditional system into allopathic hospitals is not without problems : thus it can be seen that the literature research and the analysis of the hospital study support my hypothesis.

> It is necessary to develop on alternative strategy of medical care utilising the good features of both allopathic and traditional systems of medicine.

We have seen from the historical study of Indian medicine the richness inherent in traditional systems of medicine and years of its effective use. Although traditional systems of medicine had declined with the arrival of allopathic system it has also advanced in certain aspects like organisation, formal education and institutionalisation, as a result of a long tradition of medical syncretism with allopathic and other systems. The allopathic systems also have adapted from traditional medicine. Thus there has been some unacknowledged incorporation of technique and methods of therapy between systems. One example is the use of acupuncture by the allopathic practitioners also vice versa the use of injections by traditional practitioners.

Evidence in this paper indicates the rich resources of traditional medicine in the form of material and manpower on the one hand and the poverty, misery and the inaccessibility of health care on the other hand. It is a paradoxical situation. These resources need to be utilised.

and indeed, many then into India's health care system.

The review of literature reveals the present day dealing on various systems of medicine and it can be seen that many researchers have come out with the idea of a pluralistic medical care system.

The idea of using one or other traditional medical care and having attempt to incorporate the traditional system into allopathic hospitals is not without problems. [illegible] the literature research and the analysis of the medical study support my hypothesis.

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[illegible] medical pluralism, [illegible] in traditional systems of medicine and [illegible] the relative [illegible]. [illegible] traditional medicine [illegible] the [illegible] of allopathic [illegible] medical [illegible] and institutionalisation, as a result of a long tradition of medical syncretism with allopathic and other systems. The allopathic [illegible] [illegible] traditional medicine. There [illegible] has been some [illegible] incorporation of technique and medicine of therapy between systems. One example is the use of homoeopathic by the allopathic practitioners also very rare the use of homoeopathic by traditional practitioners.

Evidence in this chapter indicates the rich resources of traditional medicine in the form of medical armamentarium and one has all the powers, [illegible] and the [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] [illegible] resources [illegible] [illegible].

Though the analysis of the hospital studies reveals the growing trend of incorporating various systems into existing hospitals, this needs to be strengthened. The basic principles of both systems, a re quite different and the integration of these systems is not possible or feasible. But these two systems, no doubt influence each other. The traditional medicine must survive in the modern health care system with its effective drugs and treatment especially its basis concepts like the indivisibility of body and mind. This is not incompatible with allopathic medicine but will be a stimuli, so also the allopathic medicine complements the traditional systems. The co-existence of both systems of medicine is the need of the day.

> One of the greatest obstacles to healthy interaction of various systems of medicine is the attitude of medical profession towards traditional systems of medicine and the lack of its official recognition.

The study done of the three hospitals reveals the antagonisitic attitude of allopathic doctors towards the traditional systems of medicine and the practitioners and very few show any interest in traditional systems. A great majority of them regard everything connected with the old system as "quack medicine" and refuse to admit the healing qualities of herbal medicine. Even the few allopathic doctors who agreed that traditional medicine is effective in some cases hesitated to refer cases to them. Most of the allopathic doctors interviewed did not see the possibility of working with traditional practitioners. It was clear that most of them had no professional contact with traditional practitioners. They oppose the claim of traditional practitioners for greater State recognition and support.

The literature on the topic and the specific findings of various research teams reveals the same facts. There is an overall belief that traditional system of medicine is unscientific and ineffective.

Although the government has taken some initiative in behabilitating and developing traditional medicine, the opposite trend is obivious in the practical experience of it. The traditional practitioners who have graduated from recognised Ayurvedic colleges do not enjoy all the legal privileges of allopathic doctors. They are considered to be qualified for positions with low pay and limited responsibility. All these stand as an obstacle to its development and also interaction of various systems.

> There is a lack of Governmental commitment in maintaining the role of traditional medicine in the national health service. Research and development of this system is insufficient.

The commitment of the government is inadequate. The national health policy and various committee recommendations on the cause are supportive of traditional medicine. But most of it remains on paper and the real enforcement and implementation is lacking. A good example of this is the insufficient involvement of traditional practitioners in the organised health sector and discrepancies in payment in most of the States in India. There is a lot of talk about traditional medicine and primary health care. But this has not been organised or developed. In this context, I would like to suggest that the traditional medicine is to be promoted in urban areas as well. There is a tendency to believe that traditional medicine is for rural areas.

I must acknowledge that the government has initiated and

developed much on research, since independence. But comparing to the development and research on allopathic medicine it is very minimum and a lot more needs to be done.

> It is necessary to develop a perspective which will utilise the various systems of medicine to provide total coverage of the country.

Up to the present time the demand for medical service has far exceeded the capacity of allopathic medical institutions. The State depends on traditional practitioners, though not in an organised way, to meet a substantial portion of the expanding need for medical care, especially in rural areas. At the same time the allopathic practitioners expect subordination of traditional practitioners if an opportunity is given to work together. The traditional practitioners on the other hand are unhappy about such a relationship and are seeking autonomy as an independent profession.

In the existing situation co-operation and collaboration is almost impossible. The Government must take firm steps in converting this situation and in giving the rightful place the traditional practitioners deserve. There is a general agreement as to the need for it. The few patients I interviewed clearly stated the need for both systems and for mutual co-operation and support. But even in institutes where two systems co-exist, there is no interaction and co-operation. Methods need to be developed to encourage co-operation.

Thus the various factors reveal the need for developing specific mechanisms for the utilisation of India's rich medical resources, in the form of various systems of medicine.

General observations.

In the course of this research and study certian observations were made relating to various systems of medicine prevalent in India, its role in India's health care system, the need for full utilisation of health resources and so on.

1. Medical history is an inseparable component of general history and culture. Inspite of the popularity and dominance of allopathic medicine a great majority of India's population continue to use traditional medicine.
2. The traditional medicine has much to offer that will help to design a better health system. Particularly important is the preventive and promotive aspects of healthy living, right food, right exercises, right thinking and good morals.
3. Co-operation, collaboration and interaction rather than competition between systems will increase our ability to meet the urgent challenges of medical needs. It offers the population freedom of choice between various medical systems.
4. Considering the number of traditional practitioners in the country, it is clear that there is an under-utilisation of health resources. There is need for a comprehensive planning involving the qualified traditional practitioners in the Government health care system. Except in a few States the traditional system do not have district level hospitals.
5. The Government should strongly encourage and strengthen further research and study on traditional medicine. China has played an important role in transforming the medical system which can be an example for other countries.

6. Even the traditional practitioners who did not have formal training, but have been practicing medicine can be trained to take care of minor illnesses, with sufficient sense of responsibility to refer cases which they cannot manage, to fully qualified doctors without dangerous delays. This would help to bring health care within the means of great masses of India.

7. The traditional practitioners agreed that a good number of the cases they get are chronic or judged incurable by the allopathic system. Allopathic doctors on the other hand say they are faced with cases mishandled by traditional practitioners. There is a tendency to blame each other.

8. A glance at the latest developments shows that there is an increased awareness about the use of medicine, their side effects, exploitation by drug companies, and medical practitioners, and the need for healthy way of life as prescribed by Naturopathy and Yoga. More and more Naturopathy and Yoga centres are bieng opened. This is more so in areas of high literacy.

9. Indiviuals and groups are involved in further research on the effectiveness of traditional systems of medicine and giving emphasis for its development and full utilisation. Even a few of the allopathic doctors are interested and promoting its use.

10. Even though there is talk about equality and equal status and remuneration, there is a builtin system that believes allopathy is superior to traditional system. So, co-operation, and collaboration is not an easy process.

Unless the political system takes some radical decision regarding the place of traditional system in the health care, changes are almost impossible. However, traditional systems will continue to exist in India asserting themselves for recognition and status.

11. Allopathic system has become the synonym for science and prestige for science is so great that there is an effort to deny the scientific basis of traditional medicine.

12. The conceptual differences make it difficult for the allopathic practitioners to believe in the scientific principles of tradittonal medicine. Combined conferences and case studies, will help in mutual understanding.

13. An overwhelming propertion of advertising is for allopathic medicine and we see very few on the effectiveness of traditional medicine. There are colourful advertisements on TV and radio broadcasting, emphasising the scientific basis and achievement of allopathic medicine and this urges people to utilise all the modern method of diagnosis and treatment.

14. The custom of changing doctors after a short time, if dissatisfied with the therapy is widespread. Hence, symptomatic treatment is on the increase. Rapidly acting pain killers and antibiotics used unreasonably, make the the patient insensitive and they irrevocably get caught up in the allopathic system of medicine. Diagnosis is believed to be the weakest point in the traditional system. Some of the traditional practitioners use diagnostic tests and X-ray. The diagnostic principles of traditional medicine need to be studied and understood.

Areas for future research and study.

I have touched on only a few aspects of this vast topic. India's health problems and health care system is very complex especially with various systems of medicine competing each other in the midst of poverty and misery. This study indicates that the future research should also focus on the following aspects:

1. Comparative studies on allopathic and traditional meidicine to ascertain the effectiveness of a particular system on specific diseases.
2. Detailed study on co-existence of different systems of medicine focussing specifically on the problems and difficulties that prevent such a move.
3. How can the traditional practitioners be incorporated into government system.
4. It may be interesting to make a statistical report and comparison of the number of allopathic drug shops and traditional drug shops.

In conclusion, I would like to say that Health for all by the year 2000 is a rather far off reality as far as India is concerned. Considering the pace with which we are moving, the ten years ahead of us seem short a time to dream of "Health for all by the year 2000". However, we have come to a turning point in health care. A good number of people including health professionals are becoming aware of the existing health care system which forges ahead adopting the latest scientific knowledge and technology not suitable to meet the health needs of the masses. A new thinking and a new orientation is gradually evolving and these people are looking beyond disease and cure to a broader view of health care, that is drawn from the medical wisdom of our

ancestors. Health is being seen as a harmonious integration of body systems, environment and nature. This truth must be brought home to all people and our aim must be to establish a health system that gives priority to persons not the differences in systems, modernity and scientific technicality. I feel that the voluntary health institutions can function as models in establishing a sound system where different systems of medicine can work on equal footing in co-operation and collaboration. There is an urgency to take definite steps towards bringing this about.

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APPENDIX - I

PRACTICE OF VARIOUS SYSTEMS OF MEDICINE AND DEVELOPMENT OF INTER SYSTEM RELATIONSHIP CO-OPERATION AND SUPPORT

INTERVIEW SCHEDULE FOR DIRECTORS/ADMINISTRATORS

Attitudes towards various systems of Medicine

1. What are the basic idea of thinking behind the introduction of the indigenous system of medicine in your hospital?
2. What are the goals and objectives?
3. What is your opinion about indigenous medicine?
4. Do you have confidence in this system of medicine?

Inter system relationship

5. If you are sick will you prefer treatment from indigenous system?
6. Have you planned for any refresher course/on going study for the personnel of Ayurvedic/Momeopathy/Naturopathy?
7. Do you think the team work of the two systems is possible?
8. Do you feel that there is co-operation and support among the two systems of medicine?
9. Has the indigenous system of medicine been recognized as one of the clinical department?
10. Have you organized any joint conferences/case studies of both systems of medicines?
11. Have you made any general plan for facilitating team work among both systems? If so what are your plans?

Finance

12. Is the department self sufficient? What percentage of the total income is spent on indigenous system of medicine?
13. Do you need to subsidize it? What percentage?

14. Do you feel that the working facilities are sufficient?

15. Do you have any plan for expansion?

16. What income group utilize the facilities?

mostly poor% Middleclass% Rich% Upperclass%

Practice of indigenous medicine in general

17. In your opinion what is the attitude of the people towards indigenous system of medicine?

18. What do you think is the place of indigenous system of medicine in India?

19. Is there a pharmacy for indigenous medicine?

20. Do you manufacture medicine in the hospital?

Any other information or comments:

APPENDIX - II

PRACTICE OF VARIOUS SYSTEMS OF MEDICINE AND DEVELOPMENT OF INTER SYSTEM RELATIONSHIP, CO-OPERATION AND SUPPORT

INTERVIEW SCHEDULE FOR NON ALLOPATHIC/INDIGENOUS PRACTITIONERS

Clinical practice

1. How many days a week do you conduct clinics?
2. How many patients do you attend per day on an average?
3. How much time do you need on an average to examine a patient?
4. Do your patients come repeatedly or do they change the systems of medicine? If they change, what reason do they give?
5. Do the patients complete the course of treatment? If not what do you think is the reason?
6. Do you generally feel confident to handle all the cases coming to the clinic?
7. Have you come across cases, that you found difficult to handle? Where do you refer such cases if surgical intervention or other treatments are required?
8. How often do you use Allopathic drugs?

   Occasionally/Never/Frequently

9. How often do you utilize allopathic diagnostic prodedures?

   Occasionally/Never/Frequently

10. Do the patients come because

    - they believe in indigenous system
    - other treatments have failed
    - referred by allopathic doctors

Type of cases

11. What type of cases do you get?

Chronic	Percentage if possible
Serious	"
Mild illness	"
Terminal illness	"

12. When do they come for the treatment

at the onset of illness	Percentage if possible
after having tried allopathic	"
after everything else has failed	"

13. In your opinion what income group usually prefer indigenous system?

Rich Poor Middleclass Upperclass (approximate)

14. Are your patients from cities or rural areas?

Inter system relationship

15. Do you have contact with allopathic doctors on a professional level?

16. Do you feel the need for co-ordination and co-operation of various systems of medicine?

17. Do you refer some cases to allopathic doctors? If yes, do they furnish you with information about the progress of the patient?

18. How many referred cases do you get? Percentage if possible.

19. Do you think the different systems of medicine can supplement each others efforts?

20. Do you feel it is helpful to have both allopathic and indigenous systems of medicine in one institution? If yes, how do you think they should function.

21. To what extent does the Western system of medicine back you to support you?

22. Do you believe in working together as a team for treatment and research?

23. Do you feel it is useful to have joint meetings? clinical conference and case studies - How is it useful

24. In your opinion, is there frank exchange of ideas and mutually helpful relationship between indigenous system of medicine and western system of medicine?

25. How do you feel about incorporating indigenous system of medicine into Government Hospitals, given such opportunity?

26. Do you see yourself working in collaboration with Allopathic doctors in health institutions, Government/Voluntary health institutions?

27. Do you think that the remuneration should be on par with Allopathic doctors?

Application to Institutions where both systems of medicine are practiced

28. Do you feel supported by the management?

29. Do you have all the required equipment

Staff Supplies

30. Is the working facility satisfactory?

31. Are you provided with facilities and benefits the same way as allopathic staff.

32. Do you feel the need for expansion?

33. Is there co-operation and cross reference between two systems of medicine?

34. Do you have joint meetings, clinical conferences and case studies? In what way will it be beneficial?

Regular Occasional Never

Attitude towards professional status

35. Have you ever felt that the training you had is not adequate to handle the cases that you get?

36. If yes, what type of training do you suggest?

37. Can you state the reasons for choosing indigenous system of medicine in preference to Western system of medicine?

38. Have you ever felt that certain cases are better managed by Ayurvedic medicine? What type of illness?

39. What is your opinion about Western system of medicine?

40. What do you think is the place of Western medicine in India?

41. Do you think allopathic medicine is more expensive?

42. Do you recommend allopathic drugs for some type of diseases?

43. Have you experienced disparity in the status of Ayurvedic/ Homeo doctor versus Allopathic doctor?

44. Do you feel there is disparity in the pay scale of Ayurvedic/Homeopathy personnel as compared to personnel in Western system of medicine (govt. pay scale)?

45. Do the indigenous system in any way have advantage over Western system?

Please provide me the following information:

Your qualification

Years of training

Years of experience

Age

No. of beds

No. of Staff - different categories

Average No. of in-patients, per year

Average No. of out-patients, per year

Any other information and comments :

APPENDIX - III

PRACTICE OF VARIOUS SYSTEMS OF MEDICINE AND DEVELOPMENT OF INTER SYSTEM RELATIONSHIP CO-OPERATION AND SUPPORT

INTERVIEW SCHEDULE FOR ALLOPATHIC PRACTITIONERS

Clinical practice of indigenous medicine

1. Do you believe in the effectiveness of indigenous system of medicine?

2. Do you feel that Ayurvedic/Homeopathic doctors are adequately trained? What level of education do you suggest?

3. Do you believe that they know what they are prescribing?

4. What is your opinion about indigenous practitioners using allopathic drugs?

5. Have you come across cases that are treated by indigenous practitioners and not cured/made worse, what percentage?

6. Do you recommend Ayurvedic/Homeopathic or other systems of medicine for some type of diseases? Generally what type of diseases?

7. Have you come across cases which have no cure in Allopathy, but were cured/made better with Ayurvedic treatment?

8. How many patients do you attend to per day on an average?

9. In your opinion, is indigenous system of medicine most suitable for economically poor?

10. How much time do you need to examine a patient?

11. Are the patients regular in attending the clinics or do they change into indigenous treatment on and off? What do you think would be the reason?

12. Do they complete the treatment?

13. Do you get emergencies which you feel that an indigenous practitioner will not be able to handle?

Inter system relationship

14. Do you have contact with indigenous practitioners on a professional level?

15. Do you feel the need for co-ordination and co-operation of various systems of medicine?

16. Do you refer some cases to Indigenous medical practitioners/ Ayurvedic/Homeopathic/Naturopathic/Accupuncture? If yes, do they furnish you with information about the progress of the patients?

17. How many referred cases do you get? On an average?

18. Do you think the different systems of medicine can supplement each others efforts?

19. Do you think it is helpful to have both allopathic and indigenous systems of medicine in one institutions If yes, how does it help? Are there cross referrals?

20. To what extent does the Indigenous system of medicine back you and support you?

21. Do you think it is useful to have joint meeting, clinical conference and case studies - How is it useful?

22. In your opinion, is there frank exchange of ideas and mutually helpful relationship between indigenous system of medicine and Western system of medicine?

23. How do you feel about incorporating indigenous system of medicine into government hospitals, given such an opportunity?

24. Do you see yourself working in collaboration with Ayurvedic doctors in health institutions, government/Voluntary health institutions?

25. What should be their educational background?

Practice of indigenous system of medicine in general

26. Have you ever been treated with indigenous system of medicine?

27. Do you believe that indigenous medicines have scientific basis?

28. What do you think is the place of indigenous system of medicine in modern India?

29. Do you think Ayurvedic/Homeopathic drugs are second grade?

30. Do you believe in working together as a team with indigenous practitioners for treatment and research.?

31. Do you think their remuneration should be on par with the Allopathic doctors?

Please provide me with the following information

Your qualification

Years of training

Years of experience

Age

Any other information or comments :

APPENDIX - IV

PRACTICE OF VARIOUS SYSTEMS OF MEDICINE AND DEVELOPMENT OF INTER SYSTEM RELATIONSHIP CO-OPERATION AND SUPPORT

INTERVIEW SCHEDULE FOR PATIENTS HAVING TREATMENT UNDER INDIGENOUS PRACTITIONER

1. Please provide me with the following information :

   Age Sex Education Rural/Urban

2. What type of illness are you suffering from?

3. How long are you suffering from it?

4. Did you approach the Ayurvedic doctor at the onset of your illness or after consulting some Allopathic doctor?

5. Do you prefer Ayurvedic/Allopathic/Naturopathic/Others always/sometimes/for certain type of illness

6. Did you choose it on your own or did someone recommend it?

7. Do you feel that the doctor spent enough time in examining you?

8. Does he explain to you about the illness?

9. Do you feel this is less expensive/more expensive/same than Western medicine?

10. Are all the drugs easily available?

11. Are you happy that both systems of medicine are introduced in this hospital? What do you think are the advantages?

12. What do you think is the place of indigenous system of medicine in modern India?

13. Any other information or comments: